

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005447

FILED  
Apr 09, 2008  
Secretary of State

Entity Name: ALL STAR MANUFACTURING, INC.

**Current Principal Place of Business:**

6550 NEW TAMPA HIGHWAY  
LAKELAND, FL 338153148

**New Principal Place of Business:**

**Current Mailing Address:**

8223 BRECKSVILLE ROAD  
SUITE 100  
BRECKSVILLE, OH 441411361

**New Mailing Address:**

FEI Number: 59-3742264      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
TALLAHASSEE, FL 32301      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P,D ( ) Delete  
Name: GROGAN, GREGORY P P  
Address: 99 BROWER AVENUE, PO BOX 378  
City-St-Zip: OAKS, PA 194560378 US

Title: VS ( ) Delete  
Name: CURCI, JOHN V VS  
Address: 6950 SOUTH EDGERTON ROAD  
City-St-Zip: BRECKSVILLE, OH 441413184 US

Title: T ( ) Delete  
Name: CVETIC, JOHN E T  
Address: 8223 BRECKSVILLE ROAD, SUITE 100  
City-St-Zip: BRECKSVILLE, OH 441411361 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CFO ( ) Change (X) Addition  
Name: MCBRIDE, CHARLES J CFO  
Address: 99 BROWER AVENUE, PO BOX 378  
City-St-Zip: OAKS, PA 194560378 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN E. CVETIC

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04/09/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date