## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F01000005447

City-St-Zip: OAKS, PA 194560378 US

Entity Name: ALL STAR MANUFACTURING, INC.

FILED Apr 13, 2009 Secretary of State

Current P	rincipal Plac	e of Business:	New Princ	New Principal Place of Business:		
6550 NEW TAMPA HIGHWAY LAKELAND, FL 338153148				6550 NEW TAMPA HIGHWAY LAKELAND, FL 338153148 US		
Current N	lailing Addre	ss:	New Maili	New Mailing Address:		
8223 BRECKSVILLE ROAD SUITE 100 BRECKSVILLE, OH 441411361			SUITE 100	8223 BRECKSVILLE ROAD SUITE 100 BRECKSVILLE, OH 441411361 US		
,			,			
FEI Number	: 59-3742264	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and	d Address of	Current Registered Agent:	Name and	l Address of	f New Registered Agent:	
The above in the State	e of Florida.		purpose of changing i	its registered	d office or registered agent, or both,	
SIGNATUI						
Election Car		nic Signature of Registered Ag ng Trust Fund Contribution ( ).	ent		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title:	GROGAN, GR 99 BROWER / OAKS, PA 19- VS ( CURCI, JOHN 6950 SOUTH I BRECKSVILLE	AVENUE, PO BOX 378 4560378 US ) Delete	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	GROGAN, GI 2024 CRESS SKIPPACK, I	(X) Change ( ) Addition REGORY P P SMAN ROAD PA 19474 US ( ) Change ( ) Addition ( ) Change ( ) Addition	
Name: Address: City-St-Zip: Title:	CVETIC, JOHN 8223 BRECKS BRECKSVILLE		Name: Address: City-St-Zip: Title:		(X) Change ( ) Addition	
Name: Address:	MCBRIDE, CH		Name: Address:		CHARLES J CFO	

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.

City-St-Zip: SKIPPACK, PA 19474 US

SIGNATURE: JOHN E. CVETIC TREA 04/13/2009