

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000043433
 1. Entity Name
ALL STAR PVC PRODUCTS, INC.



Principal Place of Business Mailing Address
 2709 N.W. 19TH STREET 9470 W. BOYNTON BCH. BLVD
 FT. LAUDERDALE, FL 33311 BOYNTON BEACH, FL 33437

DO NOT WRITE IN THIS SPACE



04242008 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 14-1879933 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
 STROUD, SUZZETTE K
 9470 W. BOYNTON BEACH BLVD.
 BOYNTON BEACH, FL 33437

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P STROUD, SUZZETTE K 9470 W. BOYNTON BEACH BLVD. BOYNTON BEACH, FL 33437 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP STROUD, CARLTON D 9470 W. BOYNTON BEACH BLVD. BOYNTON BEACH, FL 33437 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SEC STROUD, SUZZETTE K 9470 W. BOYNTON BEACH BLVD. BOYNTON BEACH, FL 33437 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREA STROUD, SUZZETTE K 9470 W. BOYNTON BEACH BLVD. BOYNTON BEACH, FL 33437 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 05/28/08-80029-009 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Suzette K Stroud* **SUZZETTE K STROUD** 4/28/09 954-868-7286

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #