

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90055 037 ***150.00

DOCUMENT # P03000085402 1. Entity Name ALL STAR GAMES, INC.	
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Principal Place of Business 5666 CYPRESS GARDENS BLVD WINTER HAVEN, FL 33884	Mailing Address 571 GRAND CAYMAN CIR LAKELAND, FL 33803
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DO NOT WRITE IN THIS SPACE



03082005 No Chg-P CR2E034 (10/03)

4. FEI Number 27-0063494	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent VINCENT, BRYAN G 570 GRAND CAYMAN CIR LAKELAND, FL 33803
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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT VINCENT, BRYAN G 571 GRAND CAYMAN CIR LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ADAMS, LINDA E 571 GRAND CAYMAN CIR LAKELAND, FL 33803
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Linda E Adams Sec* **4/1/05** **863**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **646 1752**
Date Daytime Phone #

ATTACHMENT

10 3000085402

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EIN: 27-0063494

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