

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000073132

FILED  
Feb 04, 2005  
Secretary of State

Entity Name: ALL STAR AIR, INC.

## Current Principal Place of Business:

2051 NE DIXIE HWY  
JENSEN BEACH, FL 34957

## New Principal Place of Business:

639 NW BUCK HENDRY WAY  
STUART, FL 34994

## Current Mailing Address:

2051 NE DIXIE HWY  
JENSEN BEACH, FL 34957

## New Mailing Address:

639 NW BUCK HENDRY WAY  
STUART, FL 34994

FEI Number: 59-3335706

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

POLING, DAVID  
2600 SW JULIET AVE  
PORT SAINT LUCIE, FL 34987 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: PT ( ) Delete  
Name: POLING, DAVID  
Address: 2600 SW JULIET AVE  
City-St-Zip: PORT ST. LUCIE, FL 34987

Title: VP ( ) Delete  
Name: POLING, GARY S  
Address: 631 NORSEMAN DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: TR ( ) Delete  
Name: POLING, PAULINE J  
Address: 2600 SW JULIET AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34987

## 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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID POLING

PT

02/04/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date