


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000003733


1. Entity Name
ALLSTATES AIR CARGO, INC.



Principal Place of Business
**4 LAKESIDE DRIVE SOUTH
 FORKED RIVER, NJ 08731**

Mailing Address
**4 LAKESIDE DRIVE SOUTH
 FORKED RIVER, NJ 08731**

DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 22-1715393	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

**TANNER, KENDRA
 1 PREMIUM RD.
 JACKSONVILLE, FL 32225**

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 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	PD DI GIRALOMO, SAM D 4 LAKESIDE DRIVE SOUTH FORKED RIVER, NJ 08731
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV THEILE, BARTON C 4 LAKESIDE DRIVE SOUTH FORKED RIVER, NJ 08731
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD STRATTON, CRAIG D 4 LAKESIDE DRIVE SOUTH FORKED RIVER, NJ 08731
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

100000107000
 04/09/04 88036-021 150.00

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:  **CRAIG D. STRATTON** 3/30/04 609 693 5950

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