


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000006022	
1. Entity Name ALL STAR GENERAL CONTRACTORS, INCORPORATED	

Principal Place of Business 1070 COURIER PL SUITE 203 SMYRNA, TN 37167	Mailing Address 1070 COURIER PL SUITE 203 SMYRNA, TN 37167
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01202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0201994	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 FLEMING, TROY M 359 OAKLEAF CIRCLE LAKE MARY, FL 32746	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)

Signature, typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLEMING, TROY M 613 STEVEN DR. SMYRNA, TN 37167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ESPEY, VICKI 233 PEEBLES CR. SMYRNA, TN 37167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FLEMING, ALICIA 613 STEVEN DR. SMYRNA, TN 37167
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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: Vicki Espay Vicki Espay 1/20/05 605-355-5858

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