2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State
04-06-2006 90024 008 ***158.75

DOCUMENT # F04000006022

1. Entity Name
ALL STAR GENERAL CONTRACTORS, INCORPORATED

50009619

Principal Place of Business	Mailing Address
1070 COURIER PL SUITE 203 SMYRNA, TN 37167	1070 COURIER PL SUITE 203 SMYRNA, TN 37167

01062006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
1370 HAZELWOOD DR.	1370 HAZELWOOD DR.
Suite, Apt. #, etc.: SUITE 211B	Suite, Apt. #, etc.: SUITE 211B
City & State: SMYRNA TN	City & State: SMYRNA TN
Zip: 37167 Country: USA	Zip: 37167 Country: USA

4. FEI Number: 20-0201994 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FLEMING, TROY M
359 OAKLEAF CIRCLE
LAKE MARY, FL 32746

7. Name and Address of New Registered Agent

Name: TROY M. FLEMING
Street Address (P.O. Box Number is Not Acceptable): 2301 S. OCEAN DR. STE 1403
City: HOLLYWOOD FL Zip Code: 33019

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FLEMING, TROY M 613 STEVEN DR. SMYRNA, TN 37167	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ESPEY, VICKI 233 PEEBLES CR. SMYRNA, TN 37167	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FLEMING, ALICIA 613 STEVEN DR. SMYRNA, TN 37167	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: T. M. F. TROY M. FLEMING PRESIDENT 3/29/06 (615)533-7633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #