

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90024 008 ***158.75

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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**

50009619



2. Principal Place of Business

1370 HAZELWOOD DR.

3. Mailing Address

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

01062006

Chg-P

CR2E034 (11/05)

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **FLEMING, TROY M**
STREET ADDRESS **613 STEVEN DR.**
CITY - ST - ZIP **SMYRNA, TN 37167**

TITLE **S** ☒ Delete
NAME **ESPEY, VICKI**
STREET ADDRESS **233 PEEBLES CR.**
CITY - ST - ZIP **SMYRNA, TN 37167**

TITLE **T** ☐ Delete
NAME **FLEMING, ALICIA**
STREET ADDRESS **613 STEVEN DR.**
CITY - ST - ZIP **SMYRNA, TN 37167**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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:

Troy M. Fleming PRESIDENT

Date

3/29/06

Daytime Phone #

(615) 533-7633