

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90046 037 ***150.00

DOCUMENT # H35627 1. Entity Name ALL STAR TRANSMISSIONS, INC.					
Principal Place of Business 1400 10TH CT LAKE PARK, FL 33403 US			Mailing Address 1400 10TH CT LAKE PARK, FL 33403 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip _____ Country _____		3. Mailing Address Suite, Apt. #, etc. City & State Zip _____ Country _____			
4. FEI Number 59-2589253				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LANIER, KENNETH 1400 10TH CT LAKE PARK, FL 33403			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
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)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 LANIER, KEN 1400 10TH CT LAKE PARK, FL 33403	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LANIER, WADE 1400 10TH CT LAKE PARK, FL 33403	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	☐ Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	☐ Delete			
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: <u><i>Kenneth Lanier</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <u>2-22-05</u> Daytime Phone # _____					