

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90364 042 \*\*\*150.00

**DOCUMENT # J36080**

1. Entity Name  
**ALL-STAR TRUCK BROKERS, INC.**



Principal Place of Business  
**414 NEW MARKET RD.  
IMMOKALEE, FL 34143 US**

Mailing Address  
**PO BOX 2023  
IMMOKALEE, FL 34143**

**44041951**



2. Principal Place of Business  
**414 W New Market Rd**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

04212004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**59-2726462**

Applied For  
Not Applicable

Zip  
**34142**

Country

Zip

Country

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

**6. Name and Address of Current Registered Agent**

**HESTER, RALPH T  
414 W NEW MARKET RD  
IMMOKALEE, FL 34142**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

**414 W New Market Rd**

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)

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 PD ☐ Delete  
NAME HESTER, RALPH T.  
STREET ADDRESS 2110 WOODLAND RD.  
CITY-ST-ZIP HENDERSON, NC

TITLE D ☐ Delete  
NAME MAY, WILLIAM R.  
STREET ADDRESS 5337 SHALLEY CIRCLE  
CITY-ST-ZIP FT. MYERS, FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 **PO Box 2023**  
CITY-ST-ZIP **IMMOKALEE FL 34143**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **482 EAGLE ROCK TRAIL**  
CITY-ST-ZIP **STAUNTON VA 24401**

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

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

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

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 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: **Ralph T Hester**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RALPH T HESTER**

**4/30/04**

Date

**239657-6648**

Daytime Phone #