


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J36080</b> 1. Entity Name <b>ALL-STAR TRUCK BROKERS, INC.</b>	
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Principal Place of Business <b>414 W NEW MARKET RD IMMOKALEE, FL 34142 US</b>	Mailing Address <b>PO BOX 2023 IMMOKALEE, FL 34143</b>
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**DO NOT WRITE IN THIS SPACE**



05092005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2726462</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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 \_\_\_\_\_ DATE \_\_\_\_\_

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

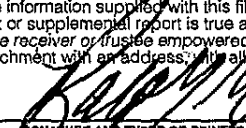
**000000367564  
05/18/05-80007-021 150.00**

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HESTER, RALPH T. PO BOX 2023 IMMOKALEE, FL 34143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAY, WILLIAM R. 482 EAGLE ROCK TRAIL STAUNTON, VA 24401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **RALPH T HESTER** 5-13-05 229657-6648

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