2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J36080

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

Principal Place of Business	Mailing Address
414 W NEW MARKET RD IMMOKALEE, FL 34142 US	PO BOX 2023 IMMOKALEE, FL 34143

DO NOT WRITE IN THIS SPACE

03252007   No Chg-P   CR2E034 (11/05)

4. FEI Number 59-2726462	Applied For
	Not Applicable

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

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 _____

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, 2007 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
NAME	HESTER, RALPH T.
STREET ADDRESS	PO BOX 2023
CITY-ST-ZIP	IMMOKALEE, FL 34143

TITLE	D
NAME	MAY, WILLIAM R.
STREET ADDRESS	482 EAGLE ROCK TRAIL
CITY-ST-ZIP	STAUNTON, VA 24401

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/04/07-80063-023 150.00

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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: _____   3/23/07   239 657-6648

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