

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90025 008 \*\*\*150.00

**DOCUMENT # J91869**

1. Entity Name  
**ALLSTAR BUILDING MATERIALS, INC.**



Principal Place of Business  
**1361 N. HIGHWAY U.S. 1  
ORMOND BCH., FL 32174 US**

Mailing Address  
**1361 N. HIGHWAY U.S. 1  
ORMOND BCH., FL 32174 US**

**40028293**



01122007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2849456**

Applied For  
Not Applicable

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

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

**SIMS, G. LARRY  
501 N. GRANDVIEW AVENUE  
DAYTONA BEACH, FL 32118**

**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	VD
NAME	BURNS, GEORGE
STREET ADDRESS	605 CHARLES ST.
CITY-ST-ZIP	PORT ORANGE, FL 32129
TITLE	PD
NAME	CROWE, THOMAS Y.
STREET ADDRESS	<del>ROUTE 1430 OAK LANE</del> 1059 Hampstead Lane
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	SD
NAME	KIRBY, KENNETH
STREET ADDRESS	<del>595 N. NOVA RD.</del> P.O. Box 456
CITY-ST-ZIP	ORMOND BEACH, FL 32175
TITLE	D
NAME	O'NEILL, WILLIAM
STREET ADDRESS	<del>3000 N. ATLANTIC AVE.</del> 1 John Anderson Drive
CITY-ST-ZIP	DAYTONA BEACH, FL 32176 Unit 119
TITLE	D
NAME	LEMERAND, L. GALE
STREET ADDRESS	<del>103 S. NORTH LAKE DRIVE</del> 1004 Hampstead Lane
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	TD
NAME	THOMPSON, STEPHEN
STREET ADDRESS	<del>7 FOX CLIFF WAY</del> P.O. Box 2728
CITY-ST-ZIP	ORMOND BEACH, FL 32175

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/07

Date

(386) 677-6330

Daytime Phone #