## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000000733

Entity Name: AMERICA'S ALL STARS, INC.

FILED Jan 23, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2853 BERKSHIRE CIRCLE 5850 TG LEE BLVD KISSIMMEE, FL 34743 517

ORLANDO, FL 32822

Current Mailing Address: New Mailing Address:

2853 BERKSHIRE CIRCLE 5850 TG LEE BLVD KISSIMMEE, FL 34743 517

ORLANDO, FL 32822

FEI Number: 02-0667202 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JOCYE, ROBERT H JR

2853 BERKSHIRE CIRCLE

KISSIMMEE, FL 34743

517

ORLANDO, FL 32822

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.

SIGNATURE: BRIAN G. ROQUEMORE 01/23/2004

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: O/D (X) Change ( ) Addition Name: ROQUEMORE, BRIAN G Name: ROQUEMORE, BRIAN G

Address: 10061 CUSTER CIRCLE Address: 10061 CUSTER CIRCLE
City-St-Zip: ORLANDO, FL 32817 City-St-Zip: ORLANDO, FL 32817

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 ROSE, WIL DR
 Name:

 Address:
 6051 ARLINGTON BOULEVARD
 Address:

 City-St-Zip:
 FALLS CHURCH, VA 22044
 City-St-Zip:

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad (\ ) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf O/D} \qquad ({\sf X}) \, {\sf Change} \, (\ ) \, {\sf Addition}$ 

 Name:
 JOYCE, ROBERT H JR
 Name:
 JOYCE, ROBERT H JR

 Address:
 2853 BERKSHIRE CIRCLE
 Address:
 2853 BERKSHIRE CIRCLE

 City-St-Zip:
 KISSIMMEE, FL 34743
 City-St-Zip:
 KISSIMMEE, FL 34743

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN G. ROQUEMORE PRES 01/23/2004