

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000097631

1. Entity Name
ALL STAR TRANSMISSION & GEAR, INC.



Principal Place of Business
**10268 BEACH BOULEVARD
JACKSONVILLE, FL 32246**

Mailing Address
**POST OFFICE BOX 16952
JACKSONVILLE, FL 32245-6957**



03232004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3749428

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HALLIDAY, DONALD
10268 BEACH BOULEVARD
JACKSONVILLE, FL 32246**

**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 reconstating)

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**

1000000123705
04/22/04-80016-007 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PVST
HALLIDAY, DONALD J
10268 BEACH BOULEVARD
JACKSONVILLE, FL 32246**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HALLIDAY, DONALD J
10268 BEACH BOULEVARD
JACKSONVILLE, FL 32246**

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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)(f), 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

Date

Daytime Phone #

4-20-04

904 860-0169