


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90034 028 \*\*\*150.00

<b>DOCUMENT # P02000015353</b> 1. Entity Name <b>ALL-STAR TRANSPORT, INC.</b>																																																																																																																										
Principal Place of Business <b>1187 PEACHTREE RD. DAYTONA BEACH FL 32114</b>		Mailing Address <b>1187 PEACHTREE RD. DAYTONA BEACH FL 32114</b>																																																																																																																								
2. Principal Place of Business <b>1604 Promenade Circle</b>	3. Mailing Address <b>1604 Promenade Circle</b>																																																																																																																									
Suite, Apt. #, etc. <b>P</b>	Suite, Apt. #, etc. <b>P</b>																																																																																																																									
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Country <b>USA</b>		Country <b>USA</b>																																																																																																																								
6. Name and Address of Current Registered Agent  <b>FALKNER, ROBERT A JR 1187 PEACHTREE RD. DAYTONA BEACH FL 32114</b>		7. Name and Address of New Registered Agent Name <b>Robert A. Falkner Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1604 Promenade Circle</b> City <b>Port Orange</b> <b>FL</b> Zip Code <b>32129</b>																																																																																																																								
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2004 Fee will be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b> </div> <div style="width: 60%;">         9. Election Campaign Financing          Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees       </div> </div>																																																																																																																										
<div style="display: flex;"> <div style="width: 50%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">P</td> <td style="width: 30%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FALKNER, ROBERT A JR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1187 PEACHTREE RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DAYTONA BEACH FL 32114</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FALKNER, ALEXIA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1187 PEACHTREE RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DAYTONA BEACH FL 32114</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 50%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">President</td> <td style="width: 30%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>ROBERT A. FALKNER JR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1604 Promenade Circle</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PORT ORANGE, FL 32129</td> <td></td> </tr> <tr> <td>TITLE</td> <td>Vice President</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>ALEXIA FALKNER</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1604 Promenade Circle</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PORT ORANGE, FL 32129</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>			TITLE	P	<input type="checkbox"/> Delete	NAME	FALKNER, ROBERT A JR		STREET ADDRESS	1187 PEACHTREE RD		CITY-ST-ZIP	DAYTONA BEACH FL 32114		TITLE	VP	<input type="checkbox"/> Delete	NAME	FALKNER, ALEXIA		STREET ADDRESS	1187 PEACHTREE RD		CITY-ST-ZIP	DAYTONA BEACH FL 32114		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	ROBERT A. FALKNER JR		STREET ADDRESS	1604 Promenade Circle		CITY-ST-ZIP	PORT ORANGE, FL 32129		TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	ALEXIA FALKNER		STREET ADDRESS	1604 Promenade Circle		CITY-ST-ZIP	PORT ORANGE, FL 32129		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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.																																																																																																																										
<b>SIGNATURE:</b> <i>Robert A. Falkner</i> <b>2/15/04 (386) 506-2410</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																										