

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000021341

1. Entity Name
ALL STAR LOCATORS, INC.



Principal Place of Business

676 SE 95 STREET
OCALA, FL 34480

Mailing Address

676 SE 95 STREET
OCALA, FL 34480

DO NOT WRITE IN THIS SPACE



06072004 No Chg-P CR2E034 (10/03)

4. FEI Number

33-0995203

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ABBOTT, ROBERT C
676 SE 95 STREET
OCALA, FL 34480

**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
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|-----------------|------------------|
| TITLE | PSTD |
| NAME | ABBOTT, ROBERT C |
| STREET ADDRESS | 676 SE 95 STREET |
| CITY - ST - ZIP | OCALA, FL 34480 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

1100000162779
06/21/04-80003-003 150.00

**DO NOT WRITE
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)(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.

SIGNATURE:

Robert C. Abbott
ROBERT C. ABBOTT
FOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert C. Abbott
RESIDENT
Date

Date

06/09/04 (352)

237-5047 ✓

Daytime Phone #

(352) 867-9880