

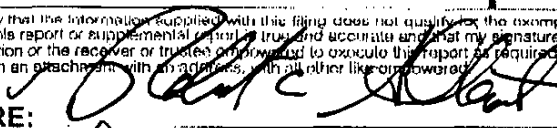
FROM : ALL FL BOOKKEEPING JTD CPA

FAX NO. : 3524891572

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90112 039 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000021341			
1. Entity Name ALL STAR LOCATORS, INC.			
Principal Place of Business 2980 SE 101ST ST. OCALA, FL 34480		Mailing Address 2980 SE 101ST ST. OCALA, FL 34480	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	County	Zip	County
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ABBOTT, ROBERT C 2980 SE 101ST ST. OCALA, FL 34480 34480		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ABBOTT, ROBERT C 2980 SE 101ST ST. OCALA, FL 34480 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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 authorized to execute this report as required by Chapter 617, 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 information.			
SIGNATURE: 		PRESIDENT 04/18/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ROBERT C. ABBOTT		Time Day/Mo/Yr	

40080036



04182008 Chg-P CR2E034 (12/06)

4. FEI Number
33-0995203 Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required