

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000082171**

1. Entity Name  
**ALL-STAR EQUIPMENT OF MANASOTA, INC.**



Principal Place of Business  
**5103 53RD AVENUE EAST  
BRADENTON, FL 34203**

Mailing Address  
**5103 53RD AVENUE EAST  
BRADENTON, FL 34203**



04292004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>54-2065406</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**TAYLOR, JEFFERY SCOTT  
8164 SHADOW PINE WAY  
SARASOTA, FL 34238**

**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  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	J. SCOTT TAYLOR
STREET ADDRESS	8164 SHADOW PINE WAY
CITY-ST-ZIP	SARASOTA, FL 34238

TITLE	S
NAME	TAYLOR, LISA JOHNS
STREET ADDRESS	8164 SHADOW PINE WAY
CITY-ST-ZIP	SARASOTA, FL 34238

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**J. SCOTT TAYLOR**

**4-29-04**

**791-755-0833**

Date

Daytime Phone #