

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000029152

FILED  
Mar 09, 2007  
Secretary of State

Entity Name: ALL STAR LANDSCAPING INC.

## Current Principal Place of Business:

739 S.E. CALMOSO DRIVE  
PORT ST. LUCIE, FL 34983

## New Principal Place of Business:

850 N W FEDERAL HIGHWAY  
STUART, FL 34994 US

## Current Mailing Address:

739 S.E. CALMOSO DRIVE  
PORT ST. LUCIE, FL 34983

## New Mailing Address:

P.O.BOX 881394  
PORT ST. LUCIE, FL 34988 US

FEI Number: 01-0772145

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

JONES, KAMREN  
739 S.E. CALMOSO DRIVE  
PORT ST. LUCIE, FL 34983 US

## Name and Address of New Registered Agent:

FRINK, OMAR  
1892 S E ELROSE STREET  
PORT ST. LUCIE, FL 34952 US

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.

SIGNATURE: OMAR FRINK

03/09/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: JONES, KAMREN  
Address: 739 S.E. CALMOSO DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: FRINK, OMAR  
Address: 1892 S E ELROSE STREET  
City-St-Zip: PORT ST LUCIE, FL 34952 US

Title: VP ( ) Change (X) Addition  
Name: JONES, KAMREN  
Address: 739 S E CALMOSO DRIVE  
City-St-Zip: PORT ST LUCIE, FL 34983 US

Title: SEC ( ) Change (X) Addition  
Name: BRYANT, ANNETTE  
Address: 3025 N W 82 STREET  
City-St-Zip: MIAMI, FL 33147 US

Title: TR ( ) Change (X) Addition  
Name: JONES, ELLEN  
Address: 739 S E CALMOSO DRIVE  
City-St-Zip: PORT ST LUCIE, FL 34983 US

Title: A TR ( ) Change (X) Addition  
Name: FLOYD, ALLEN  
Address: 1892 S E ELROSE  
City-St-Zip: PORT ST LUCIE, FL 34952 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLEN FLOYD

ATR

03/09/2007

Electronic Signature of Signing Officer or Director

Date