## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 05, 2005 8:00 am Secretary of State **DOCUMENT # P03000085402** 04-05-2005 90055 037 \*\*\*150.00 1. Entity Name ALL STAR GAMES, INC. Principal Place of Business Mailing Address **5666 CYPRESS GARDENS BLVD** 571 GRAND CAYMAN CIR WINTER HAVEN, FL 33884 LAKELAND, FL 33803 03082005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 27-0063494 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VINCENT-BRYAN G DO-NOT-WRITE **570 GRAND CAYMAN DIR** LAKELAND, FL 33803 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, typed or printed name of registered agent and title d applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE VINCENT, BRYAN G NAME STREET ADDRESS 571 GRAND CAYMAN CIR LAKELAND, FL 33803 CITY-ST-ZIP TITLE ADAMS, LINDA E NAME STREET ADDRESS **571 GRAND CAYMAN CIR** CITY-ST-ZIP LAKELAND, FL 33803 TITLE NAME STREET ADDRESS DO NOT WRITE CITY+ST-ZIP- -IN THIS SPACE TITLE NAME

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 suppliemental 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

SIGNATURE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS CITY-ST-ZIP

**FILED** 

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