


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

4/8

FILED
May 05, 2008 8:00 am
Secretary of State

04-08-2008 90017 020 ***150.00

DOCUMENT # P03000085402 1. Entity Name ALL STAR GAMES, INC.	
---	---

Principal Place of Business 223 3RD ST SW WINTER HAVEN, FL 33880	Mailing Address 571 GRAND CAYMAN CIR LAKELAND, FL 33803
--	---

DO NOT WRITE IN THIS SPACE



03062008 No Chg-P CR2E034 (11/05)

4. FEI Number 27-0063494	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

**VINCENT, BRYAN G
511 GRAND CAYMAN CIR
LAKELAND, FL 33803**

**DO NOT WRITE
IN THIS SPACE**

9. 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PT VINCENT, BRYAN G 571 GRAND CAYMAN CIR LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S ADAMS, LINDA E 571 GRAND CAYMAN CIR LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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 exemptions 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 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: Linda E Adams, Sec 4-21-2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #