


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90368 050 ***150.00

DOCUMENT # P03000150356 1. Entity Name ALL STAR'S ALE HOUSE INC.					
Principal Place of Business 3541 -3559 US HWY 441 S OKEECHOBEE, FL 34974			Mailing Address 3541 -3559 US HWY 441 S OKEECHOBEE, FL 34974		
2. Principal Place of Business 3415 Hwy 441 S.		3. Mailing Address 3415 Hwy 441 S.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Okeechobee FL		City & State Okeechobee		4. FEI Number 20-0503282	
Zip 34974		Country Okeechobee		Applied For <input type="checkbox"/> Not Applicable	
Zip 34974		Country Okeechobee		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LUCKEY, OWEN L JR 415 TRADER ROAD LABELLE, FL 33935			7. Name and Address of New Registered Agent Name Frank Vignone Street Address (P.O. Box Number is Not Acceptable) 5410 NW Emblem St. City Port St. Lucie FL Zip Code 34983		
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 <u>Frank Vignone</u> 4/26/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	V VIGNONE, FRANK 5410 NW EMBLEM ST PT ST. LUCIE, FL 349831448		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Frank Vignone 5410 NW Emblem St. Port St. Lucie, FL 34983	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Frank Vignone</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/26/06 863-763-8383 <small>Date Daytime Phone #</small>		