

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**6. Jul 08, 2008 8:00 am
Secretary of State**

06-09-2008 90001 020 ***150.00

DOCUMENT # P04000016794

1. Entity Name
ALL STAR AMUSEMENT, INC.



Principal Place of Business

**1984 CARROLL ST.
SUITE A
CLEARWATER, FL 33765**

Mailing Address

**1984 CARROLL ST.
SUITE A
CLEARWATER, FL 33765**

DO NOT WRITE IN THIS SPACE

66015097



02202008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0435698

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ACKERMAN, WILLIAM
1984 CARROLL ST.
SUITE A
CLEARWATER, FL 33765**

**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

William Ackerman
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

7/29/08

**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
**P
ACKERMAN, WILLIAM
1984 CARROLL ST., SUITE A
CLEARWATER, FL 33765**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

William Ackerman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

7/3/08 727-560-5547