

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000049096

FILED
Sep 14, 2008
Secretary of State

Entity Name: ALLSTAR MARKETING OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

1036 SE 26TH ST
CAPE CORAL, FL 33904 US

New Principal Place of Business:

940 SE 20TH COURT
CAPE CORAL, FL 33990 US

Current Mailing Address:

2710 DEL PRADO BLVD., #2-190
CAPE CORAL, FL 33904 US

New Mailing Address:

FEI Number: 20-0862495 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JACOBS, SCOTT M
2710 DEL PRADO BLVD
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: JACOBS, SCOTT M
Address: 1036 SE 26TH ST
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: JACOBS, SCOTT M
Address: 940 SE 20TH COURT
City-St-Zip: CAPE CORAL, FL 33990

I hereby certify that the information supplied with this filing does not qualify 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: SCOTT JACOBS

PTSD

09/14/2008

Electronic Signature of Signing Officer or Director

_____ Date