

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000049096

FILED  
Apr 12, 2009  
Secretary of State

**Entity Name:** ALLSTAR MARKETING OF SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

940 SE 20TH COURT  
CAPE CORAL, FL 33990 US

**New Principal Place of Business:**

**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:**

JACOBS, SCOTT M  
2710 DEL PRADO BLVD  
#2-190  
CAPE CORAL, FL 33904 US

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

04/12/2009

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

Electronic Signature of Signing Officer or Director

PSTD

04/12/2009

Date