

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P99000032005**

1. Entity Name  
**ALL STAR TIRE & AUTOMOTIVE CENTER, INC.**



Principal Place of Business  
**304 W. HIGHWAY 90  
BONIFAY, FL 32425**

Mailing Address  
**304 W. HIGHWAY 90  
BONIFAY, FL 32425**

**FILED**  
**Jul 18, 2008 08:00 AM**  
**Secretary of State**



07172008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3581799</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**DARLING, GARY  
304 W. HIGHWAY 90  
BONIFAY, FL 32425**

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**U00000955633**  
**07/18/08-80005-022 150.00**

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	DARLING, GARY
STREET ADDRESS	304 W. HIGHWAY 90
CITY-ST-ZIP	BONIFAY, FL 32425
TITLE	P
NAME	DARLING, GARY
STREET ADDRESS	304 W. HIGHWAY 90
CITY-ST-ZIP	BONIFAY, FL 32425
TITLE	ST
NAME	DARLING, PAMELA
STREET ADDRESS	304 W. HIGHWAY 90
CITY-ST-ZIP	BONIFAY, FL 32425
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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GARY DARLING** **7/12/08** **850-547-2022**

Date

Daytime Phone #