2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #656879

1. Entity Name

STAR REALTY OF WINTER HAVEN, INC.



FILED Feb 27, 2006 08:00 AN Secretary of State

Principal Place of Business

338 AVE. A, SE

PO BOX 2582 Winter Haven, FL 33883-9582 Mailing Address

338 AVE. A, SE

PO BOX 2582

WINTER HAVEN, FL 33883-9582



DO NOT WRITE IN THIS SPACE

02232006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For

5. Certificate of Status Desired

59-1976120

Not Applicable

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARCHETTI, JOHN F 338 AVE A SE WINTER HAVEN, FL 33880

DO NOT WRITE IN THIS SPACE

				IN THIS SPACE		
	named entity submits this statement for the pations of registered agent.	urpose of changing its reg	jistered office or r	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable. (NOTE, Re	gistered Agent signatur	s required when reinstailing)	DATE	
	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS	1	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARCHETTI, JOHN F 338 AVE. A. SE WINTER HAVEN, FL 00000,			•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000450731 93/10/06 80016-021 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE						

12. I hereby certify that the information supplied with this filling 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

NAME STREET ADDRESS CITY-ST-ZIP

Jos to My Rath JOHN F. MANCHETT

2-22-2006

863-299-1821

Daytime Phone #