

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 11, 2005  
Secretary of State**

DOCUMENT# N04000003574

Entity Name: FORTY-EIGHT STARS, INC.

**Current Principal Place of Business:**

1220 KIRBY STREET  
PALATKA, FL 32177

**New Principal Place of Business:**

**Current Mailing Address:**

1220 KIRBY STREET  
PALATKA, FL 32177

**New Mailing Address:**

FEI Number: 20-1042372      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

THOMPSON, BOYD  
1220 KIRBY STREET  
PALATKA, FL 32177      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

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: THOMPSON, BOYD  
Address: 1220 KIRBY STREET  
City-St-Zip: PALATKA, FL 32177

Title: D      ( ) Delete  
Name: THOMPSON, JEANIE  
Address: 1220 KIRBY STREET  
City-St-Zip: PALATKA, FL 32177

Title: D      ( ) Delete  
Name: REASER, DAN  
Address: 11865 FOOTHILLS ROAD  
City-St-Zip: SUNOL, CA 94586

Title: D      ( ) Delete  
Name: HUBER, ARLENE B  
Address: 520 OAK STREET  
City-St-Zip: PALATKA, FL 32177

Title: D      ( ) Delete  
Name: CUTRER, KEITH E  
Address: 141 UNDERWOOD DRIVE  
City-St-Zip: PALATKA, FL 32177

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOYD THOMPSON

D

05/11/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date