## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000047521

Title:

Name:

Address:

City-St-Zip:

Entity Name: STARBOARD ASSET MANAGEMENT, INC.

( ) Delete

FILED Mar 08, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
789 S. FEDERAL HWY. 300 STUART, FL 34994				2400 S FEDERAL HWY 230 STUART, FL 34994			
Current Mailing Address:				New Mailing Address:			
789 S. FEDERAL HWY. 300 STUART, FL 34994				2400 S FEDERAL HWY 230 STUART, FL 34994			
FEI Number: 20-1024772 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )							
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
BURKE, JOHN J 789 S. FEDERAL HWY. 300 STUART, FL 34994 US				BURKE, JOHN J 2400 S. FEDERAL HWY 230 STUART, FL 34994 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: JOHN J BURKE				03/08/2005			
Electronic Signature of Registered Agent				Date			
Election Campaign Financing Trust Fund Contribution ( ).							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () BURKE, JOHN J 789 S. FEDERAL STUART, FL 34	L HWY.		Title: Name: Address: City-St-Zip:	BURKE, JOHN	RAL HWY SUITE 230	
Title: Name: Address: City-St-Zip:	S () CLARK, STEVEN 901 SW MARTIN PALM CITY, FL	I DOWNS BLVD.		Title: Name: Address: City-St-Zip:	( )	) Change ()Addition	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN J BURKE P 03/08/2005

( ) Change (X) Addition

BURKE, SEAN J

2400 S FEDERAL HWY

STUART, FL 34994