2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 214133

1. Entity Name

STARLIGHT TOWER, INCORPORATED



FILED Mar 14, 2005 8:00 am Secretary of State

03-14-2005 90093 010 ***150.00

					000 H	T. S.						
Principal Place of Business Mailing Address												
7000 BEACI	H PLAZA		7000 BEACH PLAZA	7000 BEACH PLAZA								
ST PETERSE	BURG BEAC	CH FL 33706	ST PETERSBURG BEACH FL 33706									
								1118 11291 IIZG 81881 IIZZ	ETTER SILL CLUTE REPLY			
Principal Place of Business 3. Mailing Address												
Z. Fillicipal F	lace of busin	1055	a. Walling Addicas									
Suite, Apt.	#. etc. ·		Suite, Apt. #, etc.				1 st MOORE					
	,						TSC WIGOTIE GITZEGG4 (10/04)					
City & Stat	е	•	City & State			4. FEI Numb	oer 50 00570	00	Ā	pplied For		
								59-08573		N	ot Applicable	
Zip Country			Zip	Zip Country			5. Certificate of Status Desired S8.75 Additional					
			District American Services				Fee Required					
	and Address of Current	Name	7. Name and Address of New Registered Agent									
ISAACS, WILLIAM												
: 700	O BEACH	I PLAZA		Street Address			(P.O. Box Number is Not Acceptable)					
# 90	02											
ि ुSAINT PETERSBURG BEACH FL 33706												
2.0	•				City				Fl	Zip Coo	ie	
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 (NOTE Registered Agent signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE												
FILE NOW!!! FEE IS \$150.00 2000												
		05 Fee Will Be \$550.0		9. Election Car		_	.00 May Be					
Make Check Payable to Florida Department of State								Trust Fund (Contribution.	☐ Add	led to Fees	
10.	Print C. Jaka 14	OFFICERS AND	DIRECTORS	11.			ADDITIONS	L /CHANGES TO C	FFICERS AN	DDIRECTOR	RS IN 11	
TITLE	Р		☐ Delete .	TITE	E	ļ				☐ Change	Addition	
NAME	ISA A CS, WILLIAM		NAM		IE						_	
STREET ADDRESS					EET ADDRESS			`				
CITY-ST-ZIP	ST PETE BCH FL 33706				'-ST-Z!P							
TITLE	D		☐ Delete	TITE	E					Change	Addition	
NAME	DICKINSON, MAGGIE		NAM									
STREET ADDRESS CITY-ST-ZIP	ST. PETE BEACH FL 33706				EET ADDRESS '-ST-ZIP	1						
	T ~						_	e =======	·- ·			
NAME	SMITH, LORRAINE		Delete III			T			☐ Change	Addition		
STREET ADDRESS					EET ADDRESS	Edel Quinn			" = 0 0			
CITY-ST-ZIP	ST PETE F			-ST-ZIP	i	7000 Beach Plaza #702 St Pete Beach FL 3370						
TEFLE	v	•	☐ Delete	TITL	E	36	rete Ro	eacn FL	33/06	☐ Change	☐ Addition	
NAME	TRULL, JE	FFREY		E					_ *	_		
STREET ADDRESS	1	CH PLAZA #603		EET ADDRESS	ŀ							
CITY-ST-ZIP	SAINT PETERSBURG BEACH FL 33706			CITY-ST-ZIP								
TITLE	D		• Delete	TITL	E					Change	Addition	
NAME	MCGUIGA			ΙE								
STREET ADDRESS		CH PLAZA #308 BCH FL 33706		EET ADORESS								
CITY-ST-ZIP		OH FL 33/V0		CITY	'-ST-ZIP							
TITLE	S MAG	DI ENE	🔀 Delete	TITL		S				☐ Change	☒ Addition	
NAME STREET ADDRESS	REID, MARLENE 7000 BEACH PLAZA #201			NAME SIREFI A		1	in R. S		#100		_	
CITY-ST-ZIP ST. PETE BEACH FL 33706				STREET ADDRESS City-St-71P				Plaza			•	
40 15		* *****	1 11 (2) (- AL		St	rete Be	each FL	<u>33/06</u>	-26 -11 -11		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied entered 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 of trustee employered 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 within #147ess., with all other like employered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Date

Dayirna Phone #