

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 214133

FILED  
Mar 21, 2008  
Secretary of State

Entity Name: STARLIGHT TOWER, INCORPORATED

## Current Principal Place of Business:

7000 BEACH PLAZA  
ST PETERSBURG BEACH, FL 33706

## New Principal Place of Business:

5901 SUN BLVD  
SUITE 200  
ST PETERSBURG BEACH, FL 33715

## Current Mailing Address:

7000 BEACH PLAZA  
ST PETERSBURG BEACH, FL 33706

## New Mailing Address:

5901 SUN BLVD  
SUITE 200  
ST PETERSBURG BEACH, FL 33715

FEI Number: 59-0857369

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ISAACS, WILLIAM  
7000 BEACH PLAZA  
# 902  
SAINT PETERSBURG BEACH, FL 33706 US

## Name and Address of New Registered Agent:

RESOURCE PROPERTY MGMT  
5901 SUN BLVD  
SUITE 200  
SAINT PETERSBURG BEACH, FL 33715 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: RESOURCE PROPERTY MGMT

03/21/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: REID, MARLENE  
Address: 7000 BEACH PLAZA #902  
City-St-Zip: ST PETE BCH, FL 33706

Title: VP ( ) Delete  
Name: DOPP, LYNN  
Address: 7000 BEACH PLAZA #507  
City-St-Zip: ST. PETE BEACH, FL 33706

Title: D3 ( ) Delete  
Name: WALES, WILLIAM  
Address: 7000 BEACH PLAZA SUITE 308  
City-St-Zip: SAINT PETERSBURG, FL 33706

Title: ST ( ) Delete  
Name: MACHADO, VIRGINIA  
Address: 7000 BEACH PLAZA #303  
City-St-Zip: SAINT PETERSBURG BEACH, FL 33706

Title: D ( ) Delete  
Name: KELLEY, TOM  
Address: 7000 BEACH PLAZA #803  
City-St-Zip: ST PETE BCH, FL 33706

Title: S ( ) Delete  
Name: BRYK, STAN  
Address: 7000 BEACH PLAZA #608  
City-St-Zip: ST. PETE BEACH, FL 33706

## 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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: CAROL SHIER

MGR

03/21/2008

Electronic Signature of Signing Officer or Director

Date