

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 16, 2007 08:00 AM
Secretary of State**

DOCUMENT # 252069

1. Entity Name
STARR LAKE PROPERTIES, INC.



Principal Place of Business

**PO BOX 2575
DAYTONA BEACH, FL 32115-2575**

Mailing Address

**PO BOX 2575
DAYTONA BEACH, FL 32115-2575**



01162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2875352

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GUGGER, CONNIE
425 TERRAGONA WAY
DAYTONA BEACH, FL 32114**

**DO NOT WRITE
IN THIS SPACE**

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

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
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GUGGER, CONNIE
STREET ADDRESS	425 TARRAGONA WAY
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	VD
NAME	MAISANO, LEON
STREET ADDRESS	610 MORGAN RD
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	STD
NAME	REMILLARD, SARAH
STREET ADDRESS	2095 SWAN DRIVE
CITY-ST-ZIP	DAYTONA BEACH, FL 32124
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000637967
02/27/07-80010-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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: *Connie Gugger* CONNIE GUGGER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 14, 2007

Date

386-255-0342

Daytime Phone #