2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 252069

Address:

City-St-Zip:

2095 SWAN DRIVE

DAYTONA BEACH, FL 32124

STARR LAKE PROPERTIES, INC

FILED Jan 07, 2009 Secretary of State

Entity Nar	ne: STARR LA	AKE PROPERTIES, INC.			
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
PO BOX 2575 DAGYTONA BEACH, FL 321152575			425 TARRAGONA WAY DAYTONA BEACH, FL 321143921 US		
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
PO BOX 2575 DAGYTONA BEACH, FL 321152575			425 TARRAGONA WAY DAYTONA BEACH, FL 321143921		
FEI Number:	59-2875352	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
GUGGER, CONNIE 425 TERRAGONA WAY DAYTONA BEACH, FL 32114 US			425 TARRAGONA	GUGGER, CONNIE 425 TARRAGONA WAY DAYTONA BEACH, FL 32114 US	
	named entity s of Florida.	ubmits this statement for the p	urpose of changing its registe	ered office or registered agent, or both,	
SIGNATURE:				01/07/2009	
	Electroni	c Signature of Registered Age	nt	Date	
Election Car	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () GUGGER, CONN 425 TARRAGON DAYTONA BEAC	A WAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () MAISANO, LEON 610 MORGAN R WINTER HAVEN	D	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	STD () REMILLARD, SA	Delete RAH	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: CONNIE GUGGER PRES 01/07/2009