~~2008~~ FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # 254385

1. Entity Name
STAR LAKE INCORPORATED

Principal Place of Business	Mailing Address
3002 PLANTATION ROAD SOUTH WINTER HAVEN, FL 33884	3002 PLANTATION ROAD SOUTH WINTER HAVEN, FL 33884

01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0947587
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

W.T. BICE
3002 PLANTATION ROAD, SOUTH
WINTER HAVEN, FL 33884

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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 W. T. Bice 1/8/08
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, 2008 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	BICE, W. T.
STREET ADDRESS	3002 PLANTATION RD., S.
CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	D
NAME	BICE, FRANCES S.
STREET ADDRESS	3002 PLANTATION RD., S.
CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	D
NAME	BICE, LORIN D.
STREET ADDRESS	243 SANTA ROSA DR.
CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	D
NAME	BEARDEN, RUTH B.
STREET ADDRESS	1020 E. AVE.
CITY-ST-ZIP	MADISON, GA 30650
TITLE	D
NAME	TINER, ANN S.
STREET ADDRESS	239 LAKE LINK RD., S.E.
CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	VD
NAME	STALNAKER, R.T.
STREET ADDRESS	15 CANTERBURY DR
CITY-ST-ZIP	HAINES CITY, FL

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01/10/08-80020-002 150.00

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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 has been changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. T. Bice 1/8/08 863 324-2722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #