

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90014 032 ***150.00

DOCUMENT # 287776

1. Entity Name

STARLITE CONSTRUCTION CORPORATION



Principal Place of Business

3544 SANREMO TERR.
SARASOTA FL 34239

Mailing Address

3544 SANREMO TERR.
SARASOTA FL 34239
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 2547

Suite, Apt. #, etc.

City & State

Sarasota, FL 34239

Zip

34230

Country

Sarasota

4. FEI Number

59-1096782

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

7-30-04

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete

NAME SWITZER, DANIEL M
STREET ADDRESS 3544 SAN REMO TERRACE
CITY-ST-ZIP SARASOTA FL 34239

TITLE VD ☐ Delete

NAME SWITZER, MARIANNE
STREET ADDRESS 3544 SAN REMO TERR
CITY-ST-ZIP SARASOTA FL 34239

TITLE D ☐ Delete

NAME SWITZER, MORRIS W
STREET ADDRESS 3544 SAN REMO TERR
CITY-ST-ZIP SARASOTA FL 34239

TITLE STD ☐ Delete

NAME KEITEL, MARIANNE S.
STREET ADDRESS 3544 SAN REMO TERR
CITY-ST-ZIP SARASOTA FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 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: MORRIS W. SWITZER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MORRIS W. Switzer, Director

Date

7/30/04

Daytime Phone #

941-955-7076