
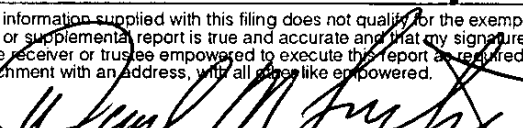


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 29, 2005 8:00 am**  
**Secretary of State**

03-29-2005 90021 028 \*\*\*150.00

<b>DOCUMENT # 287776</b>					
1. Entity Name <b>STARLITE CONSTRUCTION CORPORATION</b>					
Principal Place of Business <b>3544 SAN REMO TERR. SARASOTA FL 34239</b>			Mailing Address <b>P.O. BOX 2547 SARASOTA FL 34230 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-1096782</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SWITZER, DANIEL M 3544 SAN REMO TERRACE SARASOTA FL 34239</b>				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> Delete			
NAME	SWITZER, DANIEL M				
STREET ADDRESS	3544 SAN REMO TERRACE				
CITY-ST-ZIP	SARASOTA FL 34239				
TITLE	VD	<input checked="" type="checkbox"/> Delete			
NAME	SWITZER, MARIANNE				
STREET ADDRESS	3544 SAN REMO TERR				
CITY-ST-ZIP	SARASOTA FL 34239				
TITLE	D	<input type="checkbox"/> Delete			
NAME	SWITZER, MORRIS W				
STREET ADDRESS	3544 SAN REMO TERR				
CITY-ST-ZIP	SARASOTA FL 34239				
TITLE	STD	<input checked="" type="checkbox"/> Delete			
NAME	KEITEL, MARIANNE S.				
STREET ADDRESS	3544 SAN REMO TERR				
CITY-ST-ZIP	SARASOTA FL				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 attached address, with all other like empowered.					
SIGNATURE:  2-1-05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



1st MOORE CR2E034 (10/04)