

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # 322658	
1. Entity Name SHINING STAR INVESTMENTS, INC.	
Principal Place of Business 172 LAGONI LANE LAKE PLACID, FL 33852 US	Mailing Address 172 LAGONI LANE LAKE PLACID, FL 33852 US



DO NOT WRITE IN THIS SPACE

01182005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1195810	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TRUITT, ZOLA 172 LAGONI LANE LAKE PLACID, FL 33852

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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 _____
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRUITT, ZOLA 172 LAGONI LANE LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRUITT, JR., J.C. 172 LAGONI LANE LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRUITT, CURTRIGHT C 5636 MONTILLA D/R. FT. MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>000000298364 04/11/05-80065-010 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Zola C. Truitt - Zola C. Truitt 4/7/05 (863) 699-1699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #