FILED
Feb 28, 2005 8:00 am
Secretary of State
01-06-2005 90003 047 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 538394

1. Entity Name
STAR ASSOCIATES, INCORPORATED

Principal Place of Business	Mailing Address
5450 10TH AVE. NORTH LAKE WORTH, FL 33463	5450 10TH AVE. NORTH LAKE WORTH, FL 33463

66003005

01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1817629
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCGOWAN, MICHAEL
4 18TH AVE. S.
LAKE WORTH, FL 33460

ELIZABETH MC GOWAN
MY COMMISSION #DD252505
EXPIRES: DEC 02, 2007
Bonded through Advantage Notary

DO NOT WRITE IN THIS SPACE

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: V.I. 1-3-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) ELIZ MC GOWAN DATE

MICHAEL MCGOWAN
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	PD
NAME	MCGOWAN, ELIZABETH M.
STREET ADDRESS	#4 18TH AVE. SOUTH
CITY-ST-ZIP	LAKE WORTH FL.
TITLE	VDST
NAME	MCGOWAN, MICHAEL JR.
STREET ADDRESS	#4 18TH AVE. SOUTH
CITY-ST-ZIP	LAKE WORTH FL.
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

THIS IS SIGNED

ELIZABETH MC GOWAN
MY COMMISSION #DD252505
EXPIRES: DEC 02, 2007
Bonded through Advantage Notary

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #