


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # 551493 1. Entity Name ST-RA, INC.	
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Principal Place of Business
7936 SLATE CT.
NEW PORT RICHEY, FL 34654

Mailing Address
7936 SLATE CT.
NEW PORT RICHEY, FL 34654



02022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1788320	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

GREY, FRANK
6917 STATE RD 54
NEW PT RICHEY, FL 34653

**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 _____

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000628854
02/16/07-80034-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MAMOLOU, BILL A.
STREET ADDRESS	7936 SLATE COURT
CITY - ST - ZIP	NEW PORT RICHEY, FL
TITLE	VD
NAME	MAMOLOU, JOYCE S.
STREET ADDRESS	7936 SLATE COURT
CITY - ST - ZIP	NEW PORT RICHEY, FL
TITLE	STD
NAME	MAMOLOU, JOYCE S.
STREET ADDRESS	7936 SLATE COURT
CITY - ST - ZIP	NEW PORT RICHEY, FL
TITLE	V
NAME	MAMOLOU, STEVEN A II
STREET ADDRESS	18803 SHORE DR
CITY - ST - ZIP	HUDSON, FL 34667
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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

Steven Mamolan

2-7-07

Date

727-863-4564

Daytime Phone #