

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90032 011 ***150.00

DOCUMENT # F03000003326

1. Entity Name

WHITE STAR DEVELOPMENT INC



Principal Place of Business

~~1260 N. DUTTON AVENUE STE. 270~~

~~SANTA ROSA, CA 95401~~

16812 TOLEDO BLADE BLVD.

PORT CHARLOTTE, FL 33953

Mailing Address

1260 N. DUTTON AVENUE STE. 270

SANTA ROSA, CA 95401

40036640



02192005 No.Chg-P- CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

42-1591726

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STILLWAGON, JOE

16812 TOLEDO BLADE BLVD.

PORT CHARLOTTE, FL 33953

**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

3/17/05

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	GPS- PRESIDENT/DIRECTOR
NAME	STILLWAGON, JOSEPH
STREET ADDRESS	1260 N. DUTTON AVENUE STE. 270 16812 TOLEDO BLADE BLVD.
CITY- ST- ZIP	SANTA ROSA, CA 95401 PORT CHARLOTTE, FL 33953

TITLE	VICE-PRESIDENT/DIRECTOR
NAME	DANIEL BURKE
STREET ADDRESS	16812 TOLEDO BLADE BLVD.
CITY- ST- ZIP	PORT CHARLOTTE, FL 33953

TITLE	SECRETARY/DIRECTOR
NAME	VICTORIA BURKE
STREET ADDRESS	16812 TOLEDO BLADE BLVD.
CITY- ST- ZIP	PORT CHARLOTTE, FL 33953

TITLE	TREASURER/DIRECTOR
NAME	ROICE STILLWAGON
STREET ADDRESS	16812 TOLEDO BLADE BLVD.
CITY- ST- ZIP	PORT CHARLOTTE, FL 33953

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 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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joseph Stillwagon 3/17/05