


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000005971	
1. Entity Name STARQUALITY TRANSPORTATION SERVICES INC.	

Principal Place of Business 10552 N FLORIDA AVE TAMPA, FL 33712	Mailing Address 10552 N FLORIDA AVE TAMPA, FL 33712
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02212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 77-0600261	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ALICKI, MARK D RA 2727 W FLETCHER AVE 27-B TAMPA, FL 33618
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**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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST ALICKI, MARK 2727 W FLETCHER AVE #27-B TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES ALICKI, MARK D PRES 2727 W FLETCHER AVE #27-B TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ALICKI, MARK D VP 2727 W FLETCHER AVE #27-B TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECR ALICKI, MARK D SECR 2727 W FLETCHER AVE #27-B TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREA ALICKI, MARK D TREA 2727 W FLETCHER AVE #27-B TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIR ALICKI, MARK D DIR 2727 W FLETCHER AVE #27-B TAMPA, FL 33618

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02/25/05-80025-010 150.00

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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)(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:  **MARK ALICKI** 2-21-05 (813) 546-9808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #