2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# F04000005131

Entity Name: STAR SERVICE, INC. OF MOBILE

Current Principal Place of Business:

4663 HALLS MILL ROAD
MOBILE, AL 36693

New Principal Place of Business:

Current Mailing Address:

4663 HALLS MILL ROAD
MOBILE, AL 36693

New Mailing Address:

FEI Number: 63-1142512 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLER, ROBERT
1202 ARIOLA
PENSACOLA BEACH, FL 32561 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MAYEUX, SHAUN
Address: 4663 HALLS MILL ROAD
City-St-Zip: MOBILE, AL 36693

Title: V ( ) Delete
Name: GUERIN, STEVE
Address: 4663 HALLS MILL ROAD
City-St-Zip: MOBILE, AL 36693

Title: S ( ) Delete
Name: MILLER, ROBERT
Address: 4663 HALLS MILL ROAD
City-St-Zip: MOBILE, AL 36693

Title: T ( ) Delete
Name: MILLER, MICHAEL
Address: 4663 HALLS MILL ROAD
City-St-Zip: MOBILE, AL 36693

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: MAYEUX, SHAUN
Address: 4663 HALLS MILL ROAD
City-St-Zip: MOBILE, AL 36693

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAUN MAYEUX PRES 01/15/2009

Electronic Signature of Signing Officer or Director Date