

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000536

FILED
Jan 03, 2007
Secretary of State

Entity Name: STAR SERVICE, INC. OF JACKSONVILLE

Current Principal Place of Business:

527 N. ACADIAN THRUWAY
BATON ROUGE, LA 70806

New Principal Place of Business:

Current Mailing Address:

527 N. ACADIAN THRUWAY
BATON ROUGE, LA 70806

New Mailing Address:

FEI Number: 20-2110753

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRZYWONSKI, THOMAS D
1817 RED HAWK CT.
ST. AUGUSTINE, FL 32092 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: CP () Delete
Name: KRZYWONSKI, THOMAS D
Address: 1817 RED HAWK CT
City-St-Zip: ST. AUGUSTINE, FL 32092

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

Title: DS () Delete
Name: MILLER, ROBERT S
Address: 6665 BURDEN LANE
City-St-Zip: BATON ROUGE, LA 70808

Title: DT () Delete
Name: MILLER, MICHAEL S
Address: 7181 RICHARDS DR.
City-St-Zip: BATON ROUGE, LA 70809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: RPBERT S MILLER

VP

01/03/2007

Electronic Signature of Signing Officer or Director

Date