

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

**DOCUMENT # F40491**

1. Entity Name

STAR LAKE LOT 70 PRIVATE ROAD, INC.



02-21-2006 90168 001 \*\*\*150.00

02-21-2006 90168 002 \*\*\*\*\*8.75

Principal Place of Business

1622 STAR LAKE PLACE  
PENSACOLA FL 32507  
US

Mailing Address

1622 STAR LAKE PLACE  
PENSACOLA FL 32507  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-2892732

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WINN, H. FRANK JR  
322 S ALCANIZ ST  
PENSACOLA FL 32502

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME BOWDEN, TRAVIS  
STREET ADDRESS 1622 STAR LAKE PLACE  
CITY-ST-ZIP PENSACOLA FL 32507

TITLE VD ☐ Delete  
NAME PATTON, WILLIAM T  
STREET ADDRESS 1622 STAR LAKE PLACE  
CITY-ST-ZIP PENSACOLA FL 32507

TITLE STD ☐ Delete  
NAME MOORE, CALVIN  
STREET ADDRESS 1622 STAR LAKE PLACE  
CITY-ST-ZIP PENSACOLA FL 32507

TITLE D ☒ Delete  
NAME FULGHUM, KENNETH JR  
STREET ADDRESS 1618 STAR LAKE PLACE  
CITY-ST-ZIP PENSACOLA FL 32507

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME DIRECTOR  
EDWARD SCHNAKE  
STREET ADDRESS 1618 STAR LAKE PLACE  
CITY-ST-ZIP PENSACOLA, FL 32507

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Calvin B. Moore SECRETARY

2/10/06

850-435

434-6214

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #