

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # F40491**

1. Entity Name  
STAR LAKE LOT 70 PRIVATE ROAD, INC.



Principal Place of Business  
1622 STAR LAKE PLACE  
PENSACOLA, FL 32507 US

Mailing Address  
1622 STAR LAKE PLACE  
PENSACOLA, FL 32507 US



01092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2892732</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

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

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOWDEN, TRAVIS 1622 STAR LAKE PLACE PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PATTON, WILLIAM T 1622 STAR LAKE PLACE PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MOORE, CALVIN 1622 STAR LAKE PLACE PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNAKE, EDWARD 1618 STAR LAKE PLACE PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/27/07-80070-016 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Moore*

Calvin Moore, Sec. *3/13/07* **(850)**  
*434-6214*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #