2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # F98000001472

1. Entity Name
STAR BUFFET, INC.

Principal Place of Business	Mailing Address
420 LAWNDALE DRIVE SALT LAKE CITY, UT 84115	420 LAWNDALE DRIVE SALT LAKE CITY, UT 84115

DO NOT WRITE IN THIS SPACE

03012004 No Chg-P CR2E034 (10/03)

4. FEI Number
84-1430786
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	TS
NAME	DOWDY, RON
STREET ADDRESS	420 LAWNDALE DRIVE
CITY-ST-ZIP	SALT LAKE CITY, UT 84115
TITLE	PD
NAME	WHEATON, ROBERT E
STREET ADDRESS	420 LAWNDALE DRIVE
CITY-ST-ZIP	SALT LAKE CITY, UT 84115
TITLE	D
NAME	SCHADT, THOMAS G
STREET ADDRESS	638 5TH STREET, #2
CITY-ST-ZIP	HERMOSA BEACH, CA 90254
TITLE	D
NAME	JOHNSON, PHILLIP
STREET ADDRESS	2902 FOREST CLUB DRIVE
CITY-ST-ZIP	PLANT CITY, FL 33567
TITLE	D
NAME	LLOYD, JACK M
STREET ADDRESS	420 LAWNDALE DRIVE
CITY-ST-ZIP	SALT LAKE CITY, UT 84115
TITLE	D
NAME	WHEATON, CRAIG
STREET ADDRESS	4101 LAKE BOONE TRAIL
CITY-ST-ZIP	RALEIGH, NC 276076519

UI00000154814
05/05/04-80013-004 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ _____ _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #