

FILED
Jul 22, 2005 8:00 am
Secretary of State

07-22-2005 90018 009 ***550.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F98000001472

1. Entity Name
STAR BUFFET, INC.



Principal Place of Business
**420 LAWDALE DRIVE
SALT LAKE CITY, UT 84115**

Mailing Address
**420 LAWDALE DRIVE
SALT LAKE CITY, UT 84115**

50056942



06292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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**

**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 withdrawing)

TATF

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May 8c
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	TS
NAME	DOWDY, RON
STREET ADDRESS	420 LAWDALE DRIVE
CITY-ST-ZIP	SALT LAKE CITY, UT 84115
TITLE	PD
NAME	WHEATON, ROBERT E
STREET ADDRESS	420 LAWDALE 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 LAWDALE 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

**DO NOT WRITE
IN THIS SPACE**

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

Ron Dowdy

7-12-2005

Date

386-453-3321

Telephone Number