

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G32696

Entity Name: FOUR STAR BUILDERS, INC.

FILED
Jan 05, 2007
Secretary of State

Current Principal Place of Business:

MM 45 US #1
5216 US #1
KEY WEST, FL 33040 US

New Principal Place of Business:

MM 4.5 US #1
5216 US #1
KEY WEST, FL 33040 US

Current Mailing Address:

MM 45 US #1
5216 US #1
KEY WEST, FL 33040 US

New Mailing Address:

MM 4.5 US #1
5216 US #1
KEY WEST, FL 33040 US

FEI Number: 59-2313176

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEMON, W.L.
5216 US #1
KEY WEST, FL 33040 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: P () Delete
Name: LEMON, W. L.,
Address: 5216 US #1
City-St-Zip: KEY WEST, FL

Title: VP () Delete
Name: LEMON, ERIK
Address: 123 W CAHILL CT
City-St-Zip: BIG PINE KEY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: WILLIAM LEMON

P

01/05/2007

Electronic Signature of Signing Officer or Director

Date