


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 04, 2005 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # G46185</b><br>1. Entity Name<br><b>STARLING'S FUEL SERVICE, INC.</b> |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>STARLING FUEL SERVICE, INC.</b><br><b>2754 ROSSELLE ST</b><br><b>JACKSONVILLE FL 32205</b><br><b>US</b> | Mailing Address<br><b>STARLING FUEL SERVICE, INC.</b><br><b>2754 ROSSELLE ST</b><br><b>JACKSONVILLE FL 32205</b><br><b>US</b> |
|---|---|



|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip                            | Country             |

1st MOORE CR2E034 (10/04)

|  |  |
|--|--|
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>BOSKERCK, LE ROY V</b><br><b>2754 ROSSELLE STREET</b><br><b>JACKSONVILLE FL 32205</b> | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |
|--|--|

|   |  |
|---|--|
| 4. FEI Number<br><b>59-2299035</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

| 10. OFFICERS AND DIRECTORS                       |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | PD<br><b>VAN BOSKERCK, LEROY</b><br><b>2754 ROSSELLE ST</b><br><b>JACKSONVILLE FL</b>   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Delete<br><input type="checkbox"/> Change <input type="checkbox"/> Addition<br><div style="text-align: center; font-family: monospace;">                         000000375551<br/>                         08/04/05-80002-009 550.00                     </div> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | VD<br><b>VAN BOSKERCK, BARBARA</b><br><b>2754 ROSSELLE ST</b><br><b>JACKSONVILLE FL</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Delete<br><input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
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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: *Barbara Van Boskerck VP* *BARBARA VAN BOSKERCK* *7/20/05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #