


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # J35538 1. Entity Name STARR-LITE POOLS OF HIGHLANDS COUNTY, INC. |  |
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|--|--|
| Principal Place of Business 6205 US 27 SOUTH SEBRING, FL 33876-5708 US | Mailing Address 6205 US 27 SOUTH SEBRING, FL 33876-5708 US |
|--|--|

DO NOT WRITE IN THIS SPACE



01082004 No Chg-P CR2E034 (10/03)

| | |
|--|--------------------------------|
| 4. FEI Number 59-2722984 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent STARR, DANIEL J 609 SE LAKEVIEW DR APT 2 SEBRING, FL 33870 |
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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 NAME STREET ADDRESS CITY - ST - ZIP | D STARR, GEORGE M 2445 W. RUSS RD. AVON PARK, FL 33825 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PS STARR, DANIEL J 609 SE LAKEVIEW DR APT 2 SEBRING, FL 33870 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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01/23/04-80038-012 158.75

**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)(f), 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:  **01-16-04** **863-382-2299**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #