## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

CHY ST-ZIP

SIGNATURE:

## Apr 30, 2007 8:00 am Secretary of State DOCUMENT # J42539 1. Entity Name 04-30-2007 90386 020 \*\*\*150.00 THREE STARS OF SARASOTA, INC. Principal Place of Business Mailing Address 2314 FRUITVILL RD SARASOTA FL 34237 2314 FRUITVILL RD SARASOTA FL 34237 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number NO-T APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo VAN LANDUYT, JULES R 2314 FRUITVILLE RD Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34237 City Zip Code 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 c applicable (NOTE: Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 1000 ☐ Delete 11111 Change Addition VANLANDUYT, JULES R NAME NAMI 2314 FRUITVILLE ROAD STREET ADDRESS STREET LADDRESS SARASOTA FL CITY ST-ZIP CHY SI ZIP ☐ Delete HILL Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY+ST ZIP ш \_\_ Daleic --11111 ☐-Change- ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY ST ZIP Delete Change ☐ Addition NAMi NAM STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY ST 7IP TITLE Delete □ Change Addition NAM STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY SI ZIP шu Delete ☐ Change HUE Addition NAME NAMI STREET ADDRESS STREET ADDRESS

CHY ST ZIP

Jules R. VAN LANDUST 4-20-07

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 appearment with an address, with all other like empowered.

**FILED**