

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K92374

Entity Name: STA-RITE, INC.

FILED  
Apr 29, 2008  
Secretary of State

## Current Principal Place of Business:

280 W. PROSPECT RD  
FT. LAUDERDALE, FL 33309 US

## New Principal Place of Business:

107 W. BERCKMAN STREET  
FRUITLAND PARK, FL 34731 US

## Current Mailing Address:

280 W. PROSPECT RD  
FT. LAUDERDALE, FL 33309 US

## New Mailing Address:

107 W. BERCKMAN STREET  
FRUITLAND PARK, FL 34731 US

FEI Number: 65-0129226

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RE, NOREEN  
4450 NW 20TH AVE  
FT LAUDERDALE, FL 33309 US

## Name and Address of New Registered Agent:

RE, NOREEN  
357 OLANTA DR.  
THE VILLAGES, FL 32162 US

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: NOREEN RE

04/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: RE, NOREEN  
Address: 4450 NW 20TH AVE  
City-St-Zip: OAKLAND PARK, FL 33309

Title: TRES ( ) Delete  
Name: RE, NOREEN  
Address: 4450 NW 20TH AVE  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: SEC ( ) Delete  
Name: RE, NOREEN  
Address: 4450 NW 20 AVE  
City-St-Zip: OAKLAND PARK, FL 33309 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: RE, NOREEN  
Address: 357 OLANTA DR  
City-St-Zip: THE VILLAGES, FL 32162

Title: TRES (X) Change ( ) Addition  
Name: RE, NOREEN  
Address: 357 OLANTA DR.  
City-St-Zip: THE VILLAGES, FL 32162

Title: SEC (X) Change ( ) Addition  
Name: RE, NOREEN  
Address: 357 OLANTA DR.  
City-St-Zip: THE VILLAGES, FL 32162 US

I hereby certify that the information supplied with this filing does not qualify 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: NOREEN RE

P/D

04/29/2008

Electronic Signature of Signing Officer or Director

Date