# 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Nov 03, 2009**
**Secretary of State**

DOCUMENT# K92374

**Entity Name:** STA-RITE, INC.

**Current Principal Place of Business:**

100 N. DIXIE AVE.
FRUITLAND PARK, FL 34731 US

**New Principal Place of Business:**

**Current Mailing Address:**

100 N. DIXIE AVE.
FRUITLAND PARK, FL 34731 US

**New Mailing Address:**

**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
357 OLANTA DR.
THE VILLAGES, FL 32162 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

**OFFICERS AND DIRECTORS:**

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

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

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**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 US

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

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: RE, FRANK
Address: 357 OLANTA DR.
City-St-Zip: THE VIILLAGES, 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 PRES 11/03/2009

Electronic Signature of Signing Officer or Director Date