

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004 08:00 AM
Secretary of State

DOCUMENT # K96350

1. Entity Name
REAL STAR DEVELOPMENT CORP.



Principal Place of Business
**5806 OLD PASCO RD
WESLEY CHAPEL, FL 33544 US**

Mailing Address
**12300 W CENTER STREET
SUITE 200
WAUWATOSA, WI 53222 US**



07022004. No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **36-3651145** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CARLTON, COLLIE
1227 WATERBURY LOOP
LUTZ, FL 33549**

**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PDS
NAME	SWENSON, DUANE A.
STREET ADDRESS	12300 W CENTER STREET, SUITE 200
CITY-ST-ZIP	WAUWATOSA, WI
TITLE	D
NAME	DALLMANN, GAIL
STREET ADDRESS	12300 W CENTER STREET, SUITE 200
CITY-ST-ZIP	WAUWATOSA, WI
TITLE	D
NAME	WARTINBEE, JAMES R.
STREET ADDRESS	1109 DOWNING DR.
CITY-ST-ZIP	WAUKESHA, WI
TITLE	D
NAME	LEHMAN, JERRY
STREET ADDRESS	6158 PALMA DEL MAR BLVD UNIT 107
CITY-ST-ZIP	SAINT PETERSBURG, FL 337158
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**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 19.07(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:

Duane A. Swenson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/04
Date

414-258-0500
Daytime Phone #