



**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 07, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L07702</b> 1. Entity Name LODESTAR INVESTMENT COMPANY		
Principal Place of Business 5345 ORTEGA BOULEVARD SUITE 7 JACKSONVILLE, FL 32210	Mailing Address 5345 ORTEGA BOULEVARD SUITE 7 JACKSONVILLE, FL 32210	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  WEDEKIND, LEE D., JR. 5345 ORTEGA BOULEVARD SUITE 7 JACKSONVILLE, FL 32210-4997		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retreating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WEDEKIND, LEE D., JR. 5345 ORTEGA BLVD. JACKSONVILLE, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		ORIGINAL SIGNED BY LEE D. WEDEKIND, JR. 1-5-04 904 388 0068 <small>Date Daytime Phone #</small>



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2963592 Applied For  
Not Applicable

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

U000000000074  
01/07/04-800US-010 300.00

**DO NOT WRITE  
IN THIS SPACE**