2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L07702

1. Entity Name

LODESTAR INVESTMENT COMPANY



FILED Apr 17, 2008 08:00 A Secretary of State

Principal Place of Business

5345 ORTEGA BOULEVARD

SUITE 7

JACKSONVILLE, FL 32210



Mailing Address

5345 ORTEGA BOULEVARD

SUITE 7

DO NOT WRITE IN THIS SPACE

JACKSONVILLE, FL 32210



04152008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2963592 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

6. Name and Address of Current Registered Agent

WEDEKIND, LEE D., JR. 5345 ORTEGA BOULEVARD SUITE 7

DO NOT WRITE IN THIS SDACE

JACKSONVILLE, FL 32210-4997			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 II applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			icing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEDEKIND, LEE D., JR. 5345 ORTEGA BLVD. JACKSONVILLE, FL				, Linconnone e
TITLE NAME STREET ADDRESS CITY-ST-ZIP					. U00000903225 04/30/08-80037-010 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

NAME STREET ADDRESS

ATURE AND TYPED OR PRINTED NÂME OF BIGNING OFFICER OR DIRECTOR

4.15.08