


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90979 024 \*\*\*150.00

<b>DOCUMENT # L51865</b> 1. Entity Name <b>STAR HOSPITALITY MANAGEMENT, INC.</b>					
Principal Place of Business <b>15510 BURNT STORE RD PUNTA GORDA, FL 33955</b>			Mailing Address <b>15510 BURNT STORE RD PUNTA GORDA, FL 33955</b>		
2. Principal Place of Business <b>6025 Taylor Rd</b> Suite, Apt. #, etc. <b>#2</b>		3. Mailing Address <b>6025 Taylor Rd</b> Suite, Apt. #, etc. <b>#2</b>			
City & State <b>Punta Gorda FL</b>		City & State <b>Punta Gorda, FL</b>		4. FEI Number <b>65-0170167</b>	
Zip <b>33950</b>		Country <b>Charlotte</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DANKO, H. SHERIDAN 15510 BURNT STORE RD PUNTA GORDA, FL 33955</b>			7. Name and Address of New Registered Agent Name <b>STAR Hospitality Management</b> Street Address (P.O. Box Number is Not Acceptable) <b>6025 Taylor Rd #2</b> City <b>Punta Gorda</b> <b>FL</b> Zip Code <b>33950</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 <u><i>H. Sheridan Danko</i></u> DATE <u><b>4-29-05</b></u> <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DANKO, SHERIDAN H 3631 LAKEMONT DR BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DANKO, BILL 3631 LAKEMONT DRIVE BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u><i>H. Sheridan Danko</i></u> <b>4-29-05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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