

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90064 033 ***150.00

DOCUMENT # M56236

1. Entity Name

LODESTAR TOWER ST PETERSBURG, INC.



Principal Place of Business

100 REGENCY FOREST DRIVE
SUITE 100
CARY, NC 27511

Mailing Address

100 REGENCY FOREST DRIVE
SUITE 100
CARY, NC 27511



03162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2830399

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION-SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PRESTWOOD, THOMAS A.
STREET ADDRESS	100 REGENCY FOREST DR.
CITY-ST-ZIP	CARY, NC 27511
TITLE	V
NAME	GONZALEZ, GABRIELA
STREET ADDRESS	100 REGENCY FOREST DR.
CITY-ST-ZIP	CARY, NC 27511
TITLE	AT
NAME	FELMAN, JAMES S
STREET ADDRESS	100 REGENCY FOREST DR.
CITY-ST-ZIP	CARY, NC 27511
TITLE	S
NAME	LYNCH, JOHN H
STREET ADDRESS	100 REGENCY FOREST DR.
CITY-ST-ZIP	CARY, NC 27511
TITLE	D
NAME	BILTZ, TIMOTHY G
STREET ADDRESS	100 REGENCY FOREST DR.
CITY-ST-ZIP	CARY, NC 27511
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James S. Felman

3/24/05

919-468-0112

Daytime Phone #