

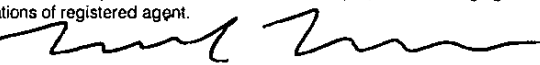


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M96344 1. Entity Name T.B. OF STARKE, INC.				FILED 05 APR -7 PM 3:58 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 808 S WALNUT STARKE, FL 32091		Mailing Address T.B. STARKE, INC. P O BOX 1669 LAKE CITY, FL 32056-1669 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 798 SW Main Blvd. Suite, Apt. #, etc.		
City & State Zip Country		City & State Lake City FL Zip Country 32025 USA		
4. FEI Number 59-2907368		Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MOSES, MICHAEL C 265 SW MALONE SUITE 111 LAKE CITY, FL 32025		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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 MOSES, MICHAEL C PO BOX 1669 LAKE CITY, FL 32056	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President MOSES, MICHAEL C 798 SW Main Blvd. LAKE CITY, FL 32025
<input type="checkbox"/> Change <input type="checkbox"/> Addition	400054043444 05/09/05--01021--004 **200.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, STEPHEN A 153 NE MADISON STREET LAKE CITY, FL 32025	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOSES, PHILIP J JR 816 SW MAIN BLVD LAKE CITY, FL 32025	<input checked="" type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: 		DATE		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DAYTIME PHONE #		