


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90262 006 \*\*\*\*61.25

DOCUMENT # N00000005024					
1. Entity Name STAR DEVELOPMENT, INC. OF JACKSONVILLE					
Principal Place of Business 533 STEVENS ST JACKSONVILLE, FL 32254			Mailing Address 533 STEVENS ST JACKSONVILLE, FL 32254		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01092004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-3661906	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TITLE, STRALENE Starlene 533 STEVENS ST JACKSONVILLE, FL 32254			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HAMM, ADDIE L 849 S EDGEWOOD AVE JACKSONVILLE, FL 32205	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	533 Stevens St Jacksonville, FL 32254 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO TITTLE, STARLENE 849 S EDGEWOOD AVE JACKSONVILLE, FL 32205	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	533 Stevens St Jacksonville, FL 32254 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD THOMAS, JOSEPH R 849 S EDGEWOOD AVE JACKSONVILLE, FL 32205	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	533 Stevens St Jacksonville, FL 32254 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD TITTLE, ANGELA 849 S EDGEWOOD AVE JACKSONVILLE, FL 32205	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	533 Stevens St Jacksonville, FL 32254 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 617, 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: <i>Starlene Tittle</i>			Date: 4/21/04 904-384-1066		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		