2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N0000005024 1. Entity Name STAR DEVELOPMENT, INC. OF JACKSONVILLE								04-23-2	2004 9026	2 006 ****6	1.25
Principal Place of Business 533 STEVENS ST JACKSONVILLE, FL 32254 Mailing Address 533 STEVENS ST JACKSONVILLE, FL 32254										()533 • • • • • • • • • • • • •	
2. Principal Place of Business		3. Ma	3. Mailing Address					IK HITE			
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.				01092004	Chg-NP	CR2	E037 (10/03)	
City & State			City & State				4. FEI Numbe 59-366			No	plied For t Applicable
Zip	Zip Country		Zip Cor		intry		5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Addre	ess of Current Register	ed Agent				7. Name and	Address of N	ew Register	ed Agent	
TITTLE, STRALENE STACKSONVILLE, FL 32254					Name Street Address (P.O. Box Number is Not Acceptable)						
					City				F	Zip Code	9
	named entity submits the ions of registered agent	nis statement for the purp	oose of changing its r	egistere	l ed office or	register	ed agent, or bot	h, in the State	of Florida. I	am familiar with,	and accept
SIGNATURE	Signature, typed or printed name	e of registered agent and title It ap	plicable. (NOTE:	Registere	d Agent signat	ure required	when reinstating)		DA*	TE "	<u>.</u>
Filling Fee is \$61.25 9. Election Campa Due by May 1, 2004 Trust Fund Con											
10.	OFF	ICERS AND DIRECTORS		11.				 			
TITLE	VD		<u> </u>				ADDITIONS/CHA	ANGES TO OF	FICERS AND	DIRECTORS IN	10
			Delete	TITLE		Ä	ADDITIONS/CH/	ANGES TO OF	FICERS AND	DIRECTORS IN Change	10 Addition
NAME	HAMM, ADDIE L		- :::	NAM	Ε				FICERS AND		
STREET ADDRESS	849-9-EDGEWOOD		- :::	NAM STRE	E Et address	533	Stevens	S+			
STREET ADDRESS CITY-ST-ZIP	849-9-EDGEWOOD JACKSONVILLE, F		☐ Delete	NAM STRE CITY	E Et adoress -st-zip	533		S+		⊠ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE	849-3-EDGEWOOD JACKSONVILLE; P PCEO	L-32205	- :::	NAM STRE CITY TITLE	E Et adoress -St-Zip	533	Stevens	S+			
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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 officer or director of the corporation or the receiver of 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/84 904-384-1066