

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001095

FILED  
Apr 28, 2010  
Secretary of State

Entity Name: STARRZ OF TOMORROW, INC.

**Current Principal Place of Business:**

37011 CHURCH AVENUE  
DADE CITY, FL 33525

**New Principal Place of Business:**

**Current Mailing Address:**

37011 CHURCH AVENUE  
DADE CITY, FL 33525

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JONES, CONNIE J  
37011 CHURCH AVENUE  
DADE CITY, FL 33525 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: JONES, CONNIE J  
Address: 37011 CHURCH AVENUE  
City-St-Zip: DADE CITY, FL 33525

Title: VP  
Name: JONES, COURTNEY W  
Address: 37011 CHURCH AVENUE  
City-St-Zip: DADE CITY, FL 33525

Title: S/T  
Name: JONES, KRISTA L  
Address: P.O. BOX 581  
City-St-Zip: LACOOCHEE, FL 33537

Title: D  
Name: JONES, WILLIAM W JR.  
Address: 37011 CHURCH AVENUE  
City-St-Zip: DADE CITY, FL 33525

Title: D  
Name: JONES, CHRIS S  
Address: P.O. BOX 581  
City-St-Zip: LACOOCHEE, FL 33537

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CONNIE J. JONES

P

04/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date