

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 19, 2007 08:00 AM
Secretary of State**

DOCUMENT # N04000005472

1. Entity Name
THE WOMEN STARS, INC.



Principal Place of Business

**827 VILAGE DR
BROOKSVILLE, FL 34601**

Mailing Address

**20 SOUTH BROAD STREET
BROOKSVILLE, FL 34601**



01152007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1194996

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**THE HOGAN LAW FIRM, LLC
20 SOUTH BROAD STREET
BROOKSVILLE, FL 34601**

**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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BOLES, FLO
827 VILLAGE DR
BROOKSVILLE, FL 34601**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
MANUAL, RUTHANN
23255 TURKEY TROT LANE
BROOKSVILLE, FL 34601**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
PALMERI, ARLENE
2106 WATERVIEW TERR
SPRING HILL, FL 34606**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
RUSHING, MIA
6062 SOFFEL DR
BROOKSVILLE, FL 34602**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000593177
01/22/07-80021-012 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Arlene Palmeri Treas.

1/15/07

352 666-2203