

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90244 041 \*\*\*\*70.00

**DOCUMENT # N99000002658**

1. Entity Name

STARLIGHT CRUISERS INC. (OF SOUTH FL.)



Principal Place of Business

1515 N. FEDERAL HWY.  
SUITE 300  
BOCA RATON FL 33432

Mailing Address

1515 N. FEDERAL HWY.  
SUITE 300  
BOCA RATON FL 33432

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PEASLEY, RONALD M

~~1515 N. FEDERAL HWY. #15~~  
~~BOCA RATON FL 33432~~

7. Name and Address of New Registered Agent

Name

RONALD M. PEASLEY

Street Address (P.O. Box Number is Not Acceptable)

1515 N. FED HWY SUITE 300

City

BOCA RATON

FL

Zip Code

33432

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

RONALD M. PEASLEY

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Ronald M. Peasley 2-13-06

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME SCHMOLL, LYNN  
STREET ADDRESS 11450 N.W. 39TH CT.  
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE T ☐ Delete  
NAME SCHMOLL, CAROL  
STREET ADDRESS 11450 NW 39TH CT  
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE SD ☐ Delete  
NAME SHACKET, ROGER  
STREET ADDRESS 4140 N.W. 101ST DRIVE  
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE VPD ☐ Delete  
NAME GRAHAM, DENNIS  
STREET ADDRESS 9053 NW 23RD. PLACE  
CITY-ST-ZIP POMPANO BEACH FL 33065

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

CAROL SCHMOLL CAROL SCHMOLL

3/4/06

954-755-5946