


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90453 042 \*\*\*150.00

<b>DOCUMENT # P00000017992</b>	
1. Entity Name <b>STAR HILL INVESTMENT CO.</b>	

Principal Place of Business <b>10832 EGET POINTE LANE WEST PALM BEACH FL 33412</b>	Mailing Address <b>10832 EGET POINTE LANE WEST PALM BEACH FL 33412</b>
---	---

2. Principal Place of Business <b>304 W. Riverside Dr.</b>	3. Mailing Address <b>304 W. Riverside Dr.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Jupiter, FL</b>	City & State <b>Jupiter, FL</b>
Zip <b>33469</b>	Zip <b>33469</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>65-0988467</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent <b>WIITA, LU ANN 10832 EGET POINT LANE WEST PALM BEACH FL 33412</b>	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>WIITA, LUANN</b>		NAME	
STREET ADDRESS <b>10832 EGET POINTE LANE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>WEST PALM BEACH FL 33412</b>		CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>WIITA, BRUCE E</b>		NAME	
STREET ADDRESS <b>10832 EGET POINTE LANE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>WEST PALM BEACH FL 33412</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 607, 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:** *LuAnn Wiita* **5-504 561-746-1519**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #