


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

| | |
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| DOCUMENT # P00000018892 1. Entity Name STARCHILD, INC. |  |
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| Principal Place of Business 3762 TAMiami TRAIL, UNIT E PORT CHARLOTTE, FL 33952 | Mailing Address 3762 TAMiami TRAIL, UNIT E PORT CHARLOTTE, FL 33952 |
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04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 65-1020406 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent MAERZ, JOHN L 16134 ARCARO AVE. PORT CHARLOTTE, FL 33954 |
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000126935
04/26/04-80061-004 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MAERZ, JOHN L 16134 ARCARO AVE. PORT CHARLOTTE, FL 33954 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MAERZ, SANDRA L 16134 ARCARO AVE. PORT CHARLOTTE, FL 33954 |
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IN THIS SPACE**

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:  **JOHN MAERZ** **4/26/04** **94-743-0800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #