2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOGU! 1. Entity Nam STARS TO	ne	# <b>P0000002</b> INC.	5696	96				Feb 04, 2004 08:00 AM Secretary of State			
Description of Disco	a at Dispinance	<del></del>	Mallin	- Address			ㅓ _				
Principal Place of Business				Mailing Address 5441 BERRYHILL RD							
5441 BERRYHILL RD MILTON FL 32570				MILTON FL 32570							
				<b>-</b>							
2. Principal Place of Business				3. Mailing Address					N SECH SENS (12)	er <del>mitte mitte talla talla a</del> r-	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				MOORE	CR2E034		plied For
City & State				City & State  Zip Country			4.	59-363131	3	No	t Applicable
Zıp	p Country		Z <sub>i</sub> p	Zip		iti y	5. Certificate of Status Desired See Required Fee Required				
	6. Name	rrent Registere	Registered Agent			7, 1	Name and Address of New	Registered	Agent		
					Name						
544	RDEN, DA				Street Address (P.O. Box Number is Not Acceptable)						
MIL	TON FL 3								7.0.4	ut at y	
						City			F	Zip Codi	<del>2</del>
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											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00								Election Campaign F     Trust Fund Contribut		\$5.0 □ Added	<b>0</b> May Be to Fees
Make Check Payable to Florida Department of State											
10.	1	OFFICERS	AND DIRECTO		11.		AD.	DITIONS/CHANGES TO OF	FICERS AN		
TITLE	P	DAIAIN!		☐ Delete	TITL	1				Change	Addition
NAME STREET ADDRESS	WORDEN, DAWN  ADDRESS 5552 FOX FIRE RD					EET ADDRESS		U00000035860 02/06/04-80035-007 150.00			
CITY-ST-ZIP						-ST-ZIP		UZ7U67U4-8UU35-DU7 150.00			U
TITLE				☐ Delete	TITE	F			·····	☐ Change	☐ Addition
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STREET ADDRESS CITY-ST-ZIP				•	1	EET ADDRESS '-ST-ZIP					
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STREET ADDRESS CITY-SY-ZIP						EET ADORESS. (-ST-ZIP					
•	portify that th	o information cupality	d with this files	does not qualify to		<b>I</b>	Section	119 07/3\(ii) Florida Statutos	Lighter	ertify that the i	oformation
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

FILED