

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90020 018 ***150.00

DOCUMENT # P00000103455	
1. Entity Name STAR ENTERPRISES OF SOUTHWEST FLORIDA, INC.	



Principal Place of Business 3041 SMELL MOUND BLVD FORT MYERS BEACH, FL 33931 US	Mailing Address PO BOX 242 FORT MYERS BEACH, FL 33931 US
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40037730



2. Principal Place of Business 3041 SHELL MOUND BLVD		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FORT MYERS BEACH, FL		City & State	
Zip 33931	Country US	Zip	Country

03202006 Chg-P CR2E034 (11/05)

4. FEI Number 65-1103145		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CARNAHAN, THOMAS 3010 SUMMERLIN LAKES DR FORT MYERS, FL 33907		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDST MCARTHY, PATRICK J 8211 COLLEGE PKWY FORT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDST MCARTHY PATRICK J 3041 SHELL MOUND BLVD FORT MYERS BEACH FL 33931 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: _____ **3/21/06** **239463 1005**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #