

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90035 014 \*\*\*150.00

DOCUMENT # P01000022367

1. Entity Name

STARDUSTERS WORKSHOP ENTERPRISES, INC.



Principal Place of Business

~~875 INDIAN BEACH DRIVE~~  
~~SARASOTA FL 34234~~

Mailing Address

~~875 INDIAN BEACH DRIVE~~  
~~SARASOTA FL 34234~~

54020787



MOORE CR2E034 (11/03)

2. Principal Place of Business

887 Patterson Drive

3. Mailing Address

887 Patterson Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

4. FEI Number

83-0347092

Applied For

Not Applicable

Zip

34234

Country

USA

Zip

34234

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DIFFATTE, SUSAN K

~~875 INDIAN BEACH DRIVE~~  
~~SARASOTA FL 34234~~

7. Name and Address of New Registered Agent

Name  
Diffatte, Susan K

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

City  
Sarasota

FL

Zip Code  
34234

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

*[Signature]* SUSAN K DIFFATTE

2-27-4

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004. Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME DIFFATTE, SUSAN K  
STREET ADDRESS ~~875 INDIAN BEACH DRIVE~~  
CITY-ST-ZIP SARASOTA FL 34234

TITLE TD ☐ Delete  
NAME DIFFATTE, NOEL  
STREET ADDRESS 705 49TH AVE EAST  
CITY-ST-ZIP BRADENTON FL 34203

TITLE VD ☐ Delete  
NAME YETTER, DONALD  
STREET ADDRESS 1111 9TH AVE., WEST, SUITE B  
CITY-ST-ZIP BRADENTON FL 34205

TITLE S ☐ Delete  
NAME JOHNSON, STEVEN  
STREET ADDRESS 988 BOULEVARD OF THE ARTS  
CITY-ST-ZIP SARASOTA FL 34236

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition  
NAME DIFFATTE, SUSAN K  
STREET ADDRESS 887 Patterson Dr  
CITY-ST-ZIP Sarasota, FL 34234

TITLE TD ☒ Change ☐ Addition  
NAME DIFFATTE, NOEL  
STREET ADDRESS 887 Patterson Dr  
CITY-ST-ZIP Sarasota, FL 34234

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

TITLE ☒ Change ☐ Addition  
NAME JOHNSON, STEVEN  
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 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:

*[Signature]* PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/2004

Date

941-355-9359

Daytime Phone #