

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 25, 2008 08:00 AM
Secretary of State**DOCUMENT # P01000030316**1. Entity Name
GOLDSTAR AUTO SERVICE, INC.Principal Place of Business
**5400 95TH STREET NORTH
ST PETERSBURG, FL 33708**Mailing Address
**5400 95TH STREET NORTH
ST PETERSBURG, FL 33708**

04182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE4. FEI Number
59-3708013Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****HAMMERBECK, TODD M
5400 95TH STREET NORTH
ST PETERSBURG, FL 33708****DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and the applicable:

(P.O.R.; Registered Agent signature required when reinstating)

DATE _____

**FILE NOWIN FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees****U000000923177
05/16/08-90020-014 150.00****10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	HAMMERBECK, TODD M
STREET ADDRESS	5400 95TH STREET NORTH
CITY- ST- ZIP	ST PETERSBURG, FL 33708
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Todd Hammerbeck

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-08

Date

Daytime Phone #