

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90009 029 ***150.00

DOCUMENT # P01000060112

1. Entity Name
KOKOCHAK & STARLING INC.



Principal Place of Business
**1717 W ARCH CT
TAMPA, FL 33607 US**

Mailing Address
**3104 FOREST KNOLL CIRCLE
TAMPA, FL 33618 US**

54063372



2. Principal Place of Business
1717 W. Arch Street
Suite, Apt. #, etc.

3. Mailing Address
1717 W. Arch Street
Suite, Apt. #, etc.

04092004 Chg-P CR2E034 (10/03)

City & State
Tampa, Florida

City & State
Tampa, Florida

4. FEI Number
59-3727518

Applied For
Not Applicable

Zip **33607** Country **USA**

Zip **33607** Country **USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KOKOCHAK-STARLING, CHERIE
3104 FOREST KNOLL CIRCLE
TAMPA, FL 33618**

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

Signature, typed or printed name of registered agent and title 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**

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **KOKOCHAK, DAVID M**
STREET ADDRESS **5601 GARNADA DRIVE # 156**
CITY-ST-ZIP **SARASOTA, FL 34230**

TITLE **CP** ☐ Delete
NAME **STAVIUS, WAYNE H**
STREET ADDRESS **3104 FOREST KNOLL CIRCLE**
CITY-ST-ZIP **TAMPA, FL 33618**

TITLE **S** ☐ Delete
NAME **KOKOCHAK, CHERIE L**
STREET ADDRESS **3104 FOREST KNOLL CIRCLE**
CITY-ST-ZIP **TAMPA, FL 33618**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☒ Change ☐ Addition
NAME
STREET ADDRESS **14006 Briardale Lane**
CITY-ST-ZIP **Tampa, Florida 33618**

TITLE ☒ Change ☐ Addition
NAME **Starling, Wayne H.**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Kokochak-Starling, Cherie L.**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/12/04

813-376-3752

The corporation has indicated in accordance with s. 607.193(2)(b), F.S., it did not receive the prior notice. They have requested the late fee be waived.