

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000098465

1. Entity Name
RISING STAR IMAGES, INC.



Principal Place of Business
2623 STONEBRIDGE DRIVE
JACKSONVILLE, FL 32223

Mailing Address
2623 STONEBRIDGE DRIVE
JACKSONVILLE, FL 32223

FILED
Feb 23, 2004 08:00 AM
Secretary of State



02202004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3745653

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LENNON, JOHNESE E
2623 STONEBRIDGE DRIVE
JACKSONVILLE, FL 32223

**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 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	DCEO
NAME	LENNON, JOHNESE E
STREET ADDRESS	2623 STONEBRIDGE DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	DP
NAME	LENNON, WILLIE G
STREET ADDRESS	2623 STONEBRIDGE DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	DV
NAME	LENNON, KATRYNA E
STREET ADDRESS	2623 STONEBRIDGE DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000061733
02/23/04-80092-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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

February 20, 2004 904-263-4682
Date Daytime Phone #