

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90581 011 ***150.00

DOCUMENT # P01000103598											
1. Entity Name GROUND STAR INC.											
Principal Place of Business 1201 SEMINOLE BLVD #32 LARGO, FL 33770			Mailing Address 1829 BOUGH AVE 3 CLEARWATER, FL 33760								
2. Principal Place of Business 1384 FOREST LAWN CT		3. Mailing Address → SAME									
Suite, Apt. #, etc.		Suite, Apt. #, etc.									
City & State TARPON SPRINGS, FL		City & State		4. FEI Number 59-3751343							
Zip 34689		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent SZOSTEK, KRZYSZEK 1829 BOUGH AVE #3 CLEARWATER, FL 33760			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name KRZYSZTOF SZOSTEK</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable) 1384 FOREST LAWN CT</td> </tr> <tr> <td style="padding: 2px;">City TARPON SPRINGS FL</td> <td style="padding: 2px;">Zip Code 34689</td> </tr> </table>			Name KRZYSZTOF SZOSTEK		Street Address (P.O. Box Number is Not Acceptable) 1384 FOREST LAWN CT		City TARPON SPRINGS FL	Zip Code 34689
Name KRZYSZTOF SZOSTEK											
Street Address (P.O. Box Number is Not Acceptable) 1384 FOREST LAWN CT											
City TARPON SPRINGS FL	Zip Code 34689										
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: <u>[Signature]</u> KRZYSZTOF SZOSTEK REG. AGENT 4/07/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.									
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SZOSTEK, KRZYSZTOF 1829 BOUGH AVE #3 CLEARWATER, FL 33760	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DVORAKOVA, VERA 1241 TURNER ST CLEARWATER, FL 33756	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition									
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition									
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition									
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition									
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition									
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition									
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: <u>[Signature]</u> KRZYSZTOF SZOSTEK PRES. 4/07/05 727-944-5266 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>											