


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000105552	
1. Entity Name STARLITE FOOD SERVICES, INC.	

Principal Place of Business 1044 PARK ST. JACKSONVILLE, FL 32210	Mailing Address 1044 PARK ST. JACKSONVILLE, FL 32204
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DO NOT WRITE IN THIS SPACE

FILED
05 NOV 16 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

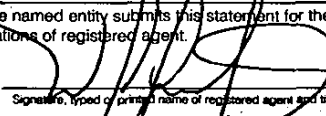


05242005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3758182	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
BLACKBURN, BRYAN E 1921 DEWEY PLACE JACKSONVILLE, FL 32207	NEAL J. LEVITSKY 1044 PARK ST JACKSONVILLE, FLORIDA 32204

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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 	NEAL J. LEVITSKY PRES. STARLITE FOODS INC. 11/2/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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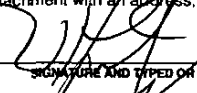
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVITSKY, NEAL J 1044 PARK ST. JACKSONVILLE, FL 32204
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10/31/05--01015--012 **750.00

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REINSTATEMENT 05

T. Roberts NOV 16 2005

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: 	NEAL J. LEVITSKY 10/26/05 904.3564444 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>