

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90111 008 ***150.00

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**

DO NOT WRITE IN THIS SPACE



02142006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3758182

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEVITSKY, NEAL J
1044 PARK ST
JACKSONVILLE, FL 32204**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEVITSKY, NEAL J
STREET ADDRESS	1044 PARK ST.
CITY-ST-ZIP	JACKSONVILLE, FL 32204
TITLE	C.O. DIRECTOR
NAME	ADCOCK, LINDA M.
STREET ADDRESS	1044 PARK ST.
CITY-ST-ZIP	JACKSONVILLE, FL 32204
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NEAL J. LEVITSKY

Date

2/14/06

Daytime Phone #

904 3564444