2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# P01000105552

Entity Name: STARLITE FOOD SERVICES, INC.

Current Principal Place of Business:

1044 PARK ST.
JACKSONVILLE, FL 32210

New Principal Place of Business:

9006 MARLEE RD
JACKSONVILLE, FL 32222

Current Mailing Address:

1044 PARK ST.
JACKSONVILLE, FL 32204

New Mailing Address:

9006 MARLEE RD
JACKSONVILLE, FL 32222

FEI Number: 59-3758182 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

LEVITSKY, NEAL J
9006 MARLEE RD
JACKSONVILLE, FL 32222 US

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.

SIGNATURE: 04/23/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LEVITSKY, NEAL J
Address: 1044 PARK ST.
City-St-Zip: JACKSONVILLE, FL 32204

Title: CD (X) Delete
Name: ADCOCK, LINDA M
Address: 1044 PARK ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: MD (X) Delete
Name: TEEHAN-KIRSTIN, KAYE
Address: 2057 COLLEGE ST #2
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: LEVITSKY, NEAL J
Address: 9006 MARLEE RD
City-St-Zip: JACKSONVILLE, FL 32222

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEAL JEFFREY LEVITSKY D 04/23/2009
Electronic Signature of Signing Officer or Director — Date