

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90033 039 ***150.00

DOCUMENT # P01000106484

1. Entity Name

STARV, INC.



Principal Place of Business

901 LAKESHORE BLVD
TAVARES FL 32778

Mailing Address

455 S. ORANGE AVE
SUITE 500
ORLANDO FL 32801

J4UJ4J14



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

255 SO. Orange Ave Suite 1201

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ORLANDO FL

City & State

City & State

32801

USA

4. FEI Number

59-3759844

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANN, JOHN L
105 S. FLORIDA AVE.
LAKELAND FL 33801

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME STARVIS, STEPHEN ☐ Delete
STREET ADDRESS 15241 WILLOW LN
CITY-ST-ZIP TAVARES FL 32778

TITLE Vice President ☐ Change ☒ Addition
NAME Angelo Demarco
STREET ADDRESS 6 Owens Drive
CITY-ST-ZIP Warren NJ 07059-6716

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

Stephen Starvis

4-14-04

407-581-3979