


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90006 023 ***163.75

DOCUMENT # P02000005558	
1. Entity Name STAR-LO ELECTRIC, INC.	

Principal Place of Business 3365 7TH ST ELKTON FL 32033	Mailing Address 3365 7TH ST ELKTON FL 32033
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2. Principal Place of Business 3349-7TH ST	3. Mailing Address 3349 7TH ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ELKTON FL.	City & State ELKTON FL.
Zip 32033	Zip 32033
Country ST. JOHNS	Country ST. JOHNS

4. FEI Number 01-0584727	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LEON, LISA M 5095 US 1 S ST AUGUSTINE FL 32086	
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7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GARK, RICHARD		NAME RICHARD L. STARK	
STREET ADDRESS 3365 7TH ST		STREET ADDRESS 3349-7TH ST	
CITY-ST-ZIP FERNANDINA BEACH FL 32035		CITY-ST-ZIP ELKTON FL 32033	
TITLE VPT	<input checked="" type="checkbox"/> Delete	TITLE VPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STARL, BETTY		NAME BETTY J. STARK	
STREET ADDRESS 3365 7TH ST		STREET ADDRESS 3349-7TH ST	
CITY-ST-ZIP HOMESTEAD FL 33035		CITY-ST-ZIP ELKTON FL 32033	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Richard L. Stark **RICHARD L. STARK**
8-25-04 904-829-2012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #