


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000079187 1. Entity Name FENSTAR, INC.	
--	---

Principal Place of Business 111 BIRMINGHAM DRIVE POINCIANA, F; 34758	Mailing Address 111 BIRMINGHAM DRIVE POINCIANA, F; 34758
--	--



01112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 11-3643257	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  JONESON, JAMES D 111 BIRMINGHAM DRIVE POINCIANA, FL 34758
--

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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 N/A  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Un0000212877 02/03/05-80045-013 158.75
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONESON, JAMES D 111 BIRMINGHAM DRIVE POINCIANA, F; 34758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRILLON, RAYMOND 111 BIRMINGHAM DRIVE POINCIANA, F; 34758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SANDERS, JERRY D 111 BIRMINGHAM DRIVE POINCIANA, F; 34758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 I am empowered.

SIGNATURE: TERRY D. SANDERS 1-31-2005 (407) 895-0548  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SEC/TREA. Date Corporate Phone #