

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000111105

Entity Name: COMSTAR GROUP, INC.

FILED
Feb 10, 2004
Secretary of State

Current Principal Place of Business:

4845 BELLE TERRE PARKWAY, SUITE C
PALM COAST, FL 32164

New Principal Place of Business:

4982 PALM COAST PKWY
SUITE 3
PALM COAST, FL 32137

Current Mailing Address:

4845 BELLE TERRE PARKWAY, SUITE C
PALM COAST, FL 32164

New Mailing Address:

4982 PALM COAST PKWY
SUITE 3
PALM COAST, FL 32137

FEI Number: 75-3085989

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLINS, DONNA S
4845 BELLE TERRE PARKWAY, SUITE C
PALM COAST, FL 32164

Name and Address of New Registered Agent:

ELLINS, ROBERT M
4982 PALM COAST PKWY
SUITE 3
PALM COAST, FL 32137

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: ROBERT M. ELLINS

02/10/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT (X) Delete
Name: ELLINS, DONNA S
Address: 4845 BELLE TERRE PARKWAY, SUITE C
City-St-Zip: PALM COAST, FL 32164

Title: VSD () Delete
Name: ELLINS, ROBERT M
Address: 4845 BELLE TERRE PARKWAY, SUITE C
City-St-Zip: PALM COAST, FL 32164

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DPT (X) Change () Addition
Name: ELLINS, ROBERT M
Address: 4982 PALM COAST PKWY, SUITE 3
City-St-Zip: PALM COAST, FL 32137

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT M. ELLINS

DPT

02/10/2004

Electronic Signature of Signing Officer or Director

Date