


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91067 032 ***158.75

| | |
|--|---|
| DOCUMENT # P03000026913 |  |
| 1. Entity Name SOUTHERN STAR CONSULTING CORP. | |

| | |
|---|---|
| Principal Place of Business 1608 NANETTE COURT LAKE WORTH, FL 33444 33461 | Mailing Address 1608 NANETTE COURT LAKE WORTH, FL 33444 33461 |
|---|---|

94082919



| | |
|--------------------------------|--------------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip 33461 Country | Zip 33461 Country |

03292004 Chg-P CR2E034 (10/03)

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 05-0564780 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

| |
|---|
| 6. Name and Address of Current Registered Agent GRAHAM, SHAN 1608 NANETTE COURT LAKE WORTH, FL 33444 |
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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 |
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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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|-----------------------------------|
| TITLE | P <input type="checkbox"/> Delete |
| NAME | GRAHAM, SHAN |
| STREET ADDRESS | 1608 NANETTE COURT |
| CITY-ST-ZIP | LAKE WORTH, FL 33461 |
| TITLE | S <input type="checkbox"/> Delete |
| NAME | SMITH, ALEXANDRA J |
| STREET ADDRESS | 1608 NANETTE COURT |
| CITY-ST-ZIP | LAKE WORTH, FL 33461 |
| TITLE | T <input type="checkbox"/> Delete |
| NAME | SMITH, G E JR |
| STREET ADDRESS | 1608 NANETTE COURT |
| CITY-ST-ZIP | LAKE WORTH, FL 33461 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Shan Graham*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04 **954-274-3919**
Date Daytime Phone #