

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90127 016 ***150.00

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1. Entity Name

STAR AUTO SALES OF FWB, INC.



Principal Place of Business

522 MARY ESTHER CUTOFF
FT WALTON BEACH FL 32548

Mailing Address

522 MARY ESTHER CUTOFF
FT WALTON BEACH FL 32548



2. Principal Place of Business

522 MARY ESTHER CUTOFF
Suite, Apt. #, etc.

3. Mailing Address

Same
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

FT WALTON BCH.
32548 OKALOOSA

City & State

FL. 32548
32548 OKALOOSA

4. FEI Number

51-0462772

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHELTON, DELORES
522 MARY ESTHER CUTOFF
FT WALTON BEACH FL 32548

7. Name and Address of New Registered Agent

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

198 BENT ARROW DR.

City DESTIN FL Zip Code 32548

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

Delores M. Shelton

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, 2006 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

TITLE ☐ Delete
NAME P
STREET ADDRESS SHELTON, DELORES
CITY-ST-ZIP 12 FOREST BREEZE CT
FORT WALTON BEACH FL 32547

TITLE ☒ Delete
NAME VPT
STREET ADDRESS SHELTON, CHRISTOPHER
CITY-ST-ZIP 12 FOREST BREEZE CT
FORT WALTON BEACH FL 32547

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☒ Addition
NAME VPT
STREET ADDRESS SHELTON, WILLIAM
CITY-ST-ZIP 198 BENT ARROW DR
DESTIN, FL. 32541

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

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

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

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 exemptions contained in Section 119, 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 an other like empowered.

SIGNATURE:

Delores M. Shelton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/20/06

Date

(850) 243 0500

Daytime Phone #