2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# P03000044826

Entity Name: STAR AUTO SALES OF FWB, INC.

Current Principal Place of Business:

122 RACETRACK RD NE
FT WALTON BEACH, FL 32547 US

New Principal Place of Business:

785 NORTH BEAL PKWY
(UNIT N)
FT WALTON BEACH, FL 32547 US

Current Mailing Address:

122 RACETRACK RD NE
FT WALTON BEACH, FL 32547 US

New Mailing Address:

785 NORTH BEAL PKWY
(UNIT N)
FT WALTON BEACH, FL 32547 US

FEI Number: 51-0462772 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SHELTON, DELORES M
122 RACETRACK RD
FT WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

SHELTON, DELORES M
785 NORTH BEAL PKWY
(UNIT N)
FT WALTON BEACH, FL 32547 US

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: DELORES M SHELTON 04/22/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SHELTON, DELORES M
Address: 12 FOREST BREEZE CT
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: VPTS ( ) Delete
Name: SHELTON, DELORES
Address: 12 FOREST BREEZE CT
City-St-Zip: FORT WALTON BEACH, FL 32547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DELORES M SHELTON P 04/22/2009
Electronic Signature of Signing Officer or Director Date