FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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DOCUMENT # P03000113774

1. Entity Name

SERVICE STAR INC.

FILED
12 JUN -5 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300235927253
06/05/12--01024--005 **558.75

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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5710 Zip Drive	5710 Zip Drive
Suite, Apt. #, etc. UNit #2	Suite, Apt. #, etc. UNit #2
City & State Fort myers FL	City & State Fort myers Florida
Zip 33905 Country USA	Zip 33905 Country USA

CR2E034B (5/07)

CM 6/6/12

4. FEI Number 20-0316241 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name SALVATORE TAVOLACCI

Street Address (P.O. Box Number is Not Acceptable) 5710 Zip Drive UNit #2

City Fort myers FL Zip Code 33905

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 Salvatore Tavolacci SALVATORE TAVOLACCI DATE 6/4/12

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25
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	President
NAME	SALVATORE TAVOLACCI
STREET ADDRESS	5710 Zip Drive
CITY-ST-ZIP	Fort myers FL 33905
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Salvatore Tavolacci SALVATORE TAVOLACCI President 06/04/2012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #