

2004 FOR PROFIT CORPORATION ANNUAL REPORT

9/13/2004-90008-003-\$150.00-\$150.00

FILED
CLERK OF DISTRICT COURT
DIVISION OF CORPORATION
04 OCT 15 PM 3:13

DOCUMENT # P03000120745 1. Entity Name STARR LAKE ESTATES, INC.					
Principal Place of Business 4106 N SCENIC HWY LAKE WALES, FL 33853-7624			Mailing Address 4106 N SCENIC HWY LAKE WALES, FL 33853-7624		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 07222004 Chg-P CR2E034 (10/03) Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent HODGKINSON, BARBARA A 4106 N SCENIC HWY LAKE WALES, FL 33853-7624			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HODGKINSON, BARBARA A 4106 N SCENIC HWY LAKE WALES, FL 338537624 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Barbara A. Hodgkinson</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BARBARA A. HODGKINSON			Date: <u>18-5-04</u> Daytime Phone #: <u>863-676-1512</u>		