

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000152975



1. Entity Name
STAR 7, INC.

Principal Place of Business
4421 SE 18TH AVE
OCALA, FL 34480

Mailing Address
4421 SE 18TH AVE
OCALA, FL 34480

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number
38-3701080

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TUCCI, GREGORY E
225 NE EIGHTH AVE
OCALA, FL 34470

Name

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

City

FL Zip Code

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 remitting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D P
NAME: COLEY, GREGORY K
STREET ADDRESS: 1309 SE 40TH CT
CITY-ST-ZIP: OCALA, FL 344714950

Delete

TITLE: Secretary/Treasurer
NAME: Dwight Spence
STREET ADDRESS: 8005 Hwy. 25
CITY-ST-ZIP: Bellevue, FL 34420

Change Addition

TITLE: VP
NAME: COLEY, MARK
STREET ADDRESS: 812 SW 22ND AVE
CITY-ST-ZIP: OCALA, FL 34471

Delete

Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

Delete

Change Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gregory K. Coley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/07

352-351-2626

Date

Daytime Phone #