


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90179 013 ***150.00

DOCUMENT # P04000093300			
1. Entity Name STARSHIP LOBSTER, INC.			
Principal Place of Business 77300 OVERSEAS HWY ISLAMORADA FL 33036		Mailing Address 77300 OVERSEAS HWY ISLAMORADA FL 33036	
2. Principal Place of Business PO Box 267		3. Mailing Address P.O. Box 267	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jennings FL		City & State Jennings FL	
Zip 32053-0267	Country USA	Zip 32053-0267	Country USA
6. Name and Address of Current Registered Agent MINCEY, BILLY G. 77300 OVERSEAS HWY ISLAMORADA FL 33036		7. Name and Address of New Registered Agent Name Billy G Mincey Street Address (P.O. Box Number is Not Acceptable) 5463 NW CR 152 City Jennings FL 32053	
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 <i>B G Mincey</i> (NOTE: Registered Agent signature required when reconstituting) Billy G Mincey 4-27-06 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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MINCEY, BILLY G. 77300 OVERSEAS HWY ISLAMORADA FL 33036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Mincey, Billy G. PO Box 267 (5463 NW CR 152) Jennings FL 32053-0267 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP MINCEY, MYRA R. 77300 OVERSEAS HWY ISLAMORADA FL 33036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP Mincey MYRA R PO Box 267 (5463 NW CR 152) Jennings FL 32053-0267 <input checked="" 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 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 all other like empowered.

SIGNATURE: *Myra R Mincey* **Myra R Mincey 4/27/06** **386 938-3922**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #