

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 OCT 17 AM 7:46

90 SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05242007 Chg-P CR2E034 (12/06)

DOCUMENT # P05000054330					
1. Entity Name STARLIGHT LANTERNS, INC.					
Principal Place of Business 211 NE HOLLYWOOD BLVD FORT WALTON BEACH, FL 32548			Mailing Address PO BOX 4117 SHALIMAR, FL 32579		
2. Principal Place of Business - No P.O. Box # <i>See above</i>			3. Mailing Address <i>See above</i>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-2862900	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAULFIELD, ANNE L 211 NE HOLLYWOOD BLVD FORT WALTON BEACH, FL 32548			7. Name and Address of New Registered Agent Name <i>See to the left</i> Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code <i>32548</i>		
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>Anne L Caulfield</i> (NOTE: Registered Agent signature required when reinstating) DATE <i>6.11.07</i>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P CAULFIELD, ANNE L 211 NE HOLLYWOOD BLVD FORT WALTON BEACH, FL 32548	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CAULFIELD, ANNE L 211 NE HOLLYWOOD BLVD. FORT WALTON BEACH, FL 32548	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Anne L Caulfield</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <i>6.11.07</i> 850 796 1126 Daytime Phone		