2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

04-17-2006 90341 014 ***150.00
05-04-2006 90251 034 *****8.75

DOCUMENT # P05000071687

1. Entity Name

STAR CONSTRUCTION OF OSCEOLA, INC.

Principal Place of Business	Mailing Address
93 CLUB VILLAS LN KISSIMMEE FL 34744	93 CLUB VILLAS LN KISSIMMEE FL 34744

1st MOORE CR2E034 (10/05)

2. Principal Place of Business		3. Mailing Address	
149 SE Brown St palm Bay (Suite, Apt. #, etc.)		149 SE Brown st (Suite, Apt. #, etc.)	
City & State: PAlm BAY Fl		City & State: PAlm BAY Fl	
Zip: 32909	Country: Brevard	Zip: 32909	Country: Brevard

4. FEI Number: 20-2855053 — ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STARCK, DEBORAH
93 CLUB VILLAS LANE
KISSIMMEE FL 34744

7. Name and Address of New Registered Agent

Name: Winston KEENE
Street Address (P.O. Box Number is Not Acceptable): 149 SE Brown St
City: PAlm BAY FL Zip Code: 32909

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] — 02-26-06
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — 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. ☐ — **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

Field	Value	
TITLE	VP	☐ Delete
NAME	KEENE, MURRAY W	
STREET ADDRESS	3869 CROSLEY AVE	
CITY-ST-ZIP	ST CLOUD FL 34769	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Field	Value	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: [signature] — 02-26-06

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