

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000103745

**Entity Name:** DARK STAR, INC.

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

22867 SW 119TH ST  
DUNNELLON, FL 34431 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 222  
DUNNELLON, FL 34430 US

**New Mailing Address:**

P.O. BOX 1623  
DUNNELLON, FL 34430 US

**FEI Number:** 20-3168516

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MADISON, CHARLES D  
22867 SW 119TH ST.  
DUNNELLON, FL 34431 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: M  
Name: MADISON, CHARLES D PCEO  
Address: P.O. BOX 1623  
City-St-Zip: DUNNELLON, FL 34430 US

Title: M  
Name: CASE, ROB VP  
Address: P.O. BOX 1623  
City-St-Zip: DUNNELLON, FL 34430 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES D. MADISON

PCEO

04/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date