

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000141766

1. Entity Name
STARLING SOLUTIONS, INCORPORATED



Principal Place of Business
2500 N.W. 15TH AVENUE
CAPE CORAL, FL 33993 US

Mailing Address
2500 N.W. 15TH AVENUE
CAPE CORAL, FL 33993 US



02022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3762199

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STARLING, HERBERT A JR.
2500 N.W. 15TH AVENUE
CAPE CORAL, FL 33993

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

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

TITLE	P
NAME	STARLING, HERBERT A JR.
STREET ADDRESS	2500 N.W. 15TH AVENUE
CITY-ST-ZIP	CAPE CORAL, FL 33993
TITLE	S
NAME	STARLING, HERBERT A JR.
STREET ADDRESS	2500 N.W. 15TH AVENUE
CITY-ST-ZIP	CAPE CORAL, FL 33993
TITLE	VP
NAME	STARLING, CASSANDRA E
STREET ADDRESS	2500 N.W. 15TH AVENUE
CITY-ST-ZIP	CAPE CORAL, FL 33993
TITLE	T
NAME	STARLING, CASSANDRA E
STREET ADDRESS	2500 N.W. 15TH AVENUE
CITY-ST-ZIP	CAPE CORAL, FL 33993
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/07 239-574-9218
Date Daytime Phone #