2007 FOR PROFIT CORPORATION ANNUAL REPORT

8/27/2007-90033-012-$150.00-$150.00

FILED

2007 SEP 27 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000117947

1. Entity Name
STARLINE GROUP HOME, INC.

Principal Place of Business	Mailing Address
820 SW DEL RIO BLVD PORT ST LUCIE, FL 34953	820 SW DEL RIO BLVD PORT ST LUCIE, FL 34953

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08082007 Chg-P CR2E034 (12/06)

4. FEI Number 83-0469412 Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LESLIE, AGNES J 820 SW DEL RIO BLVD PORT ST LUCIE, FL 34953	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 resigning) DATE

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	D LESLIE, AGNES J 501 NW BISCAYNE DR PORT ST LUCIE, FL 34983 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Agnes J. Leslie OWNER 08-20-07 772 344-9974
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/2