


# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P07000034267</b>					
<b>1. Entity Name</b> NORSTAR ENTERPRISES, INC.					
<b>Principal Place of Business</b> 2626 HARTWOOD PINES WAY CLERMONT, FL 34711 US			<b>Mailing Address</b> 2626 HARTWOOD PINES WAY CLERMONT, FL 34711 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	11092008    Chg-P    CR2E034 (12/06)	
<b>4. FEI Number</b> 20-8660320				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
HEMENWAY, EDMUND J JR 2626 HARTWOOD PINES WAY CLERMONT, FL 34711			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Amended AR is \$61.25</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PVST <b>NAME</b> HEMENWAY, EDMUND J JR <b>STREET ADDRESS</b> 2626 HARTWOOD PINES WAY <b>CITY - ST - ZIP</b> CLERMONT, FL 34711	<input type="checkbox"/> Delete		<b>TITLE</b> VICE PRESIDENT <b>NAME</b> STEVEN SUTTON <b>STREET ADDRESS</b> 4327 S. HWY 27, STE 130 <b>CITY - ST - ZIP</b> CLERMONT, FL 34711	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> HEMENWAY, EDMUND J JR <b>STREET ADDRESS</b> 2626 HARTWOOD PINES WAY <b>CITY - ST - ZIP</b> CLERMONT, FL 34711	<input type="checkbox"/> Delete		900137844434 11/12/08--01021--007    **\$1.25		
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> <u>Edmund J Hemenway Jr</u>			NOV 7, 2008    352-702-1436		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

