

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90246 023 \*\*\*158.75

DOCUMENT # P95000000177

1. Entity Name  
STAR TAXI, INC.



Principal Place of Business  
9388 SIDNEY HAYES RD  
ORLANDO, FL 32824 US

Mailing Address  
9388 SIDNEY HAYES RD  
ORLANDO, FL 32824 US

**DO NOT WRITE IN THIS SPACE**



04112005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3303876

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

GAYE, ROBERT T  
8809 SOUTHERN BREEZE  
ORLANDO, FL 32836

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME GAYE, ROBERT T  
STREET ADDRESS 8809 SOUTHERN BREEZE  
CITY-ST-ZIP ORLANDO, FL 32836

TITLE  
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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

4/18/2005

Date

407-851-9999

Daytime Phone #