2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2005 08:00 AM Secretary of State

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DOCUMENT # P95000057277				Secretary of State
1. Entity Name				
STARKE	Y'S AUTO SALES, INC			
}			N. C. S.	
}		g a region of the		
Principal Play	ce of Business	Mailing Address		4
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4907 S. 50		4907 S. 50TH ST.		
TAMPA, FL	33619	TAMPA, FL 33619		
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				01142005 No Chg-P CR2E034 (10/03)
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{		iii iiiio oiri	ALT REAL	4. FEI Number Applied For
{				59-3332063 Not Applicable
{				5. Certificate of Status Desired S8.75 Additional
}	6. Name and Address of Current R		Maria Salar	Fee Required
	e. Name and Address of Current H	egistered Agent	-{	
MILLO DO	DEET	·	1	
MILIC, ROBERT 1208 MAGDALENE GROVE AVE				DO NOT WRITE
TAMPA, FL 33613			{	
Crusting C	(AWIFA, FL 33013			IN THIS SPACE
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}				
R The above	named entity submits this statement for t		and office or register	and count or both in the State of Florida Landau in the
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.				
Į		· -	1	
SIGNATURE				
ł	Signature, typed or printed name of registered agent and	title if applicable. [NOTE Registers	d Agent signature required	when reinstating) DATE
FIL	.E NOW!!! FEE IS \$150.00	9. Election Campaign Fina		.00 May Be
After M	lay 1, 2005 Fee will be \$550.00	Trust Fund Contribution.	. 🗀 Add	ed to Fees
10,	OFFICERS AND D	DECTORS		
	DPT SIGNATURE	incorona ¿.	-{	
TITLE NAME	MILIC, ROBERT		1	
STREET ADORESS	1208 MAGDALENE GROVE AVE	-	1	
CITY-ST-ZIP			<u> </u>	
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12. Thereby	certify that the information supplied with th	is filing does not qualify for the aver-		tion 119 07/39/0 Florida Statutos 6 miles
12. I hereby certify that the information supplied with this filing does not quality 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				
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 eath, that I am an officer or director of the corporation or the receiver or trustee empowered to expect the 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 the empowered				
SIGNATURE: 412-05				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICES OR DISCETTOR				