




**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000074868 1. Entity Name STAR IX INVESTORS, INCORPORATED			
Principal Place of Business 2900 HARTLEY ROAD JACKSONVILLE, FL 32257		Mailing Address 2900 HARTLEY ROAD JACKSONVILLE, FL 32257	
DO NOT WRITE IN THIS SPACE			
		 02162004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3354128 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WODRICH, MICHAEL A 1301 RIVERPLACE BLVD., STE. 1500 JACKSONVILLE BEACH, FL 32207		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		1000000082656 03/10/04-80004-019 150.00	
10. OFFICERS AND DIRECTORS			
TITLE	D		
NAME	FOSTER, RONALD H		
STREET ADDRESS	11960 LITTLE CREEK LANE		
CITY - ST - ZIP	JACKSONVILLE, FL 32223		
TITLE	D		
NAME	FOSTER, WALTER M		
STREET ADDRESS	10125 SCOTT MILL ROAD		
CITY - ST - ZIP	JACKSONVILLE, FL 32223		
TITLE	D		
NAME	ALBERTELLI, GEORGE J		
STREET ADDRESS	11651 OLDE MANDARIN ROAD		
CITY - ST - ZIP	JACKSONVILLE, FL 32223		
TITLE	D		
NAME	COTHREN, H. BOBBY		
STREET ADDRESS	2880 HARTKEY ROAD		
CITY - ST - ZIP	JACKSONVILLE, FL 32223		
TITLE	V		
NAME	SMITH, DONALD L		
STREET ADDRESS	2748 SCOTT MILL TERRACE		
CITY - ST - ZIP	JACKSONVILLE, FL 32257		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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:  - D. L. SMITH		3-9-04 908-899-9416	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	