


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000074868 1. Entity Name STAR IX INVESTORS, INCORPORATED	
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Principal Place of Business 2900 HARTLEY ROAD JACKSONVILLE, FL 32257	Mailing Address 2900 HARTLEY ROAD JACKSONVILLE, FL 32257
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01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3354128	Applied For 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


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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FOSTER, RONALD H 11960 LITTLE CREEK LANE JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FOSTER, WALTER M 10125 SCOTT MILL ROAD JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALBERTELLI, GEORGE J 11651 OLDE MANDARIN ROAD JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COTHREN, H. BOBBY 2980 HARTKEY ROAD JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SMITH, DONALD L 2748 SCOTT MILL TERRACE JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U000000260984 03/17/05-80051-017 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  VP <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	3/15/05 904-899-9416 <small>Date Daytime Phone #</small>