

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000091444

1. Entity Name
DAYSTAR SYSTEMS, INC.



Principal Place of Business
**488 W HIGHBANKS RD
DEBARY, FL 32713 US**

Mailing Address
**488 W HIGHBANKS RD
HEINIGER - UNIT 107
DEBARY, FL 32713 US**



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3350284

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HEINIGER, JAMES L
488 W HIGHBANKS RD
HEINIGER - UNIT 107
DEBARY, FL 32713**

**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**

**U00000368967
06/03/05-80005-008 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PCEO
NAME	SANFORD, DAVID L
STREET ADDRESS	2402 JEFFERSON CT
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	D
NAME	SANFORD, DAVID
STREET ADDRESS	2402 JEFFERSON CT
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	VSTD
NAME	HEINIGER, JAMES L
STREET ADDRESS	488 W HIGHBANKS RD
CITY-ST-ZIP	DEBARY, FL 32713
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

*STW
6.1.05 CHECK NOT CASHED
CALLED 850-295-6056 #4
KRISTEN - NOT RCD IT - SEND AGAIN
W/LETTER & NEW CHECK,*

**DO NOT WRITE
IN THIS SPACE**

*CH 3442
6.1.05
\$150.00*

*CH 3430
150.00
3.25.05*

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: *James L Heiniger* **JAMES L HEINIGER** 3.25.05 407-302-9199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone