2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 19, 2004 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State			
1. Entity Name					·		
STAR EX	CAVATING, INC.						
Principal Place	e of Business	Mailing Address	<u> </u>				_
1747 SUNWO LONGWOOD,		P.O. BOX 915437 LONGWOOD, FL 32791-6437		d intrinct file i	werw offict hadre album busse	ARFRA Jerus susum chen 11	
an and definition of 1725.				02162004	No Chg-P	CFI2E034 (10/	03)
	O NOT WRITE	N HIS SPA	UE Mariania	4. FEI Number 59-3377			Applied For Not Applicable
· Merchantrania (122)					f Status Desired	□ \$8.75 Fee Re	Additional
6. Name and Address of Current Registered Agent			Action in the book of the control of				
REECE, KATHRYN E 1747 SUNWOOD DRIVE LONGWOOD, FL 32779			A Sperger Co.	DO	NOT W	RITE	
					HIS SP	ACE	7,21,168
			100 mm 10				
	named entity submits this statement for titions of registered agent.	he purpose of changing its register	ed office or register	red agent, or both	t, in the State of Flo	rida. I am familiar	with, and accept
SIGNATURE				<u>.</u>			
- OIGHANGINE	Signature, typed or primed name of registered agent and	title if applicable. (NOTE: Flogisters	d Agent signature required	when remarking)		DATE TO .	<u> </u>
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				.00 May Be led to Fees			
10.	OFFICERS AND D	IRECTORS	cultopures saucestation (Out of As . Control and Addition	30 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	edel), sacrated season med (D4) 	
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CITY-ST-ZIP	<u> </u>						
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STREET ADDRESS			10 3 15 5				
TITLE			printer uniform (Contract of				
NAME STREET ADDRESS	\			200			

12. I hereby certify that the information supplied with this filling 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: