

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90229 003 ***150.00

DOCUMENT # P96000090625	
1. Entity Name STAR TRAVEL TOUR SERVICE, INC.	

Principal Place of Business 2620 WEST BAY DRIVE JOHANSEN BUILDING BELLEAIR BLUFFS FL 33770 US	Mailing Address 2620 WEST BAY DRIVE JOHANSEN BUILDING BELLEAIR BLUFFS FL 33770 US
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94071930



MOORE CR2E034 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3409658	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GASSMAN, ALAN S ESQ. 1245 COURT STREET SUITE 102 CLEARWATER FL 33756	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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

1-27-04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	D ☐ Delete
NAME	JOHANSEN, GLEN R
STREET ADDRESS	2620 W BAY DR, JOHANSEN BLDG
CITY-ST-ZIP	LARGO FL 33770
TITLE	D ☐ Delete
NAME	JOHANSEN, KATHLEEN O
STREET ADDRESS	2620 W BAY DR, JOHANSEN BLDG
CITY-ST-ZIP	LARGO FL 33770
TITLE	D ☐ Delete
NAME	JOHANSEN, WILLIAM JOSEPH
STREET ADDRESS	2620 W BAY DR, JOHANSEN BLDG
CITY-ST-ZIP	LARGO FL 33770
TITLE	D ☐ Delete
NAME	JOHANSEN, JOAN DANFORTH
STREET ADDRESS	2620 W BAY DR, JOHANSEN BLDG
CITY-ST-ZIP	LARGO FL 33770
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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:  **William H. Johansen** Date **1-27-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #