2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 21, 2005 08:00 AM DOCUMENT # P96000090625 1. Entity Name **Secretary of State** STAR TRAVEL TOUR SERVICE, INC. Mailing Address Principal Place of Business 2620 WEST BAY DRIVE JOHANSEN BUILDING 2620 WEST BAY DRIVE OHANSEN BUILDING BELLEAIR BLUFFS FL 33770 BELLEAIR BLUFFS FL 33770 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-3409658 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GASSMAN, ALAN S ESQ. Street Address (P.O. Box Number is Not Acceptable) 1245 COURT STREET SUITE 102 CLEARWATER FL 33756 City 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. (NOTE Registered Agent signature required when reinstaling) 2-16-05 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. MILE ☐ Change Addition TITLE Delete JOHANSEN, GLEN R NAME 1/000000239594 2620 W BAY DR, JOHANSEN BLDG STREET ADDRESS STREET ADDRESS 02/22/05-80049-005 150.00 DITY-ST-ZIP CITY-ST-ZIP LARGO FL 33770 ☐ Delete Change ☐ Addition THILE THEF JOHANSEN, KATHLEEN O MANIE 2620 W BAY DR, JOHANSEN BLDG STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP LARGO FL 33770 ☐ Change ☐ Addition Tilt Delete TOF JOHANSEN, WILLIAM JOSEPH NAME NAME STREET ADDRESS STREET ADDRESS 2620 W BAY DR, JOHANSEN BLDG CITY-ST-ZIP **LARGO FL 33770** CHY-ST-ZIP D ☐ Change Addition ☐ Delete JOHANSEN, JOAN DANFORTH NAME 2620 W BAY DR. JOHANSEN BLDG STREET ADDRESS STREET ADDRESS LARGO FL 33770 CITY-ST-71P CITY-ST-7/P ☐ Addition ☐ Delete Hitt ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP Change Addition THLE ☐ Delete HILL NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(7), 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.

FILED

SIGNATURE: SIGNATURE: Date Dispersion of Signing Officer of Director Date Date Dispersion Proper