2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000090625

1. Entity Name
STAR TRAVEL TOUR SERVICE, INC.

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

DO NOT WRITE IN THIS SPACE

07032006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3409658
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GASSMAN, ALAN S ESQ.
1245 COURT STREET
SUITE 102
CLEARWATER, FL 33756

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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 _____ U00000568145
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 07/06/06--01001-024 150.00

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JOHANSEN, GLEN R
STREET ADDRESS	2620 W BAY DR, JOHANSEN BLDG
CITY-ST-ZIP	LARGO, FL 33770
TITLE	D
NAME	JOHANSEN, KATHLEEN O
STREET ADDRESS	2620 W BAY DR, JOHANSEN BLDG
CITY-ST-ZIP	LARGO, FL 33770
TITLE	D
NAME	JOHANSEN, WILLIAM JOSEPH
STREET ADDRESS	2620 W BAY DR, JOHANSEN BLDG
CITY-ST-ZIP	LARGO, FL 33770
TITLE	D
NAME	JOHANSEN, JOAN DANFORTH
STREET ADDRESS	2620 W BAY DR, JOHANSEN BLDG
CITY-ST-ZIP	LARGO, FL 33770
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Alan S Gassman, Pres. 7-3-06 727-584-8124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #