2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000090625

1. Entity Name
STAR TRAVEL TOUR SERVICE, INC.



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

Principal Place of Business

Mailing Address

2620 WEST BAY DRIVE JOHANSEN BUILDING

BELLEAIR BLUFFS, FL 33770 US

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BELLEAIR BLUFFS, FL 33770

1 11/11/11

No Chg-P

CR2E034 (11/05)

07032006 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 EL 33756

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CLEARWATER, FL 33756			IN THIS SPACE	
8. The above named entity submits this statement for the purpose of changing its registere the obligations of registered agent. SIGNATURE Squature, hipsed or printed name of registered agent and title if applicable. (NOTE: Registered)			ed office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept - U00000568145 - 077/06/06-86467-024-150.00
FILE NOWIII F	EE IS \$150.00	9. Election Campaign Finan Trust Fund Contribution.	cing \$5.00 May Be	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
CITY-ST-ZIP LARGO, FL : TITLE D NAME JOHANSEN, STREET ADDRESS 2620 W BAY CITY-ST-ZIP LARGO, FL : TITLE D NAME JOHANSEN,	DR, JOHANSEN BLDG 33770 KATHLEEN O DR, JOHANSEN BLDG 33770 WILLIAM JOSEPH DR, JOHANSEN BLDG	HS	DO NOT WRITE IN THIS SPACE	
TITLE D NAME JOHANSEN,	JOAN DANFORTH DR, JOHANSEN BLDG			
NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME				
STREET ADDRESS				

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

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pers. 7.3.06

727-584-8124