2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 13, 2006 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State		
DOCU	VIENT # P960001044		Secretary of State			
Entity Name STAR BUILDERS INC OF W.P.B.				1		
SSIAKE	UILDERS INC OF W.P.B.			}		
Principal Place	of Business	Mailing Address	J.,			
		14615 PALM BEACH POINT BI	LVD			
Wellington 	, FL 33414	WELLINGTON, FL 33414				(all willia arms arms ratiff Birans 11 (aut
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_			01102006	No Chg-P	CR2E034 (11/05)	
DO NOT WRITE IN THIS SPA			CE	4. FEI Numbe		Applied For
				65-071	6124	\$8.75 Additional
				5. Certificate	of Status Desired	Fee Required
	6. Name and Address of Current Re	gistered Agent	-	·= ·/- 		
ISBELL, G			DO	NOT WE	SITE	
14615 PALM BEACH POINT BLVD WELLINGTON, FL 33414						
	VYELEING TON, FE 33414			IN	THIS SPA	ACE
[}						
	named entity submits this statement for t	he purpose of changing its register	red office or registe	red agent, or bo	th, in the State of Porio	da. I am familiar with, and accept
the obligati	ions of registered agent.					
SIGNATURE_	Signature, typed or printed name of registered agent an-	d title if applicable, (NOTE Register	ed Agent signature require	(gribatanier nerhw b		QATE
{						
Fil.	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	S. Election Campaign Fina Trust Fund Contribution		.00 May Be led to Fees		
10.	OFFICERS AND O	RECTORS		<u></u>		
TIFLE NAME	P ARTHUR F BEYER					
STREET ADDRESS	14615 PALM BEACH POINT BLVI		· I		Honooo	100 AFTC10
CITY-51-21P	WELLINGTON, FL 33414				-20771711)	1384563 -80018-010 158.75
TITLE	VP		1		w	00010 010 100115
NAME (STREET ADDRESS	WILLIAMSON, JAMES T 14615 PALM BEACH POINT BLVI		1			
CMY-ST-ZIP	WELLINGTON, FL 33414		.			
TITLE	D COPELL COPE	-				
NAME STREET ADDRESS	ISBELL, GREG 14615 PALM BEACH POINT BLVI) : 	.]			### # 1 hours
CITY-ST-ZIP	WELLINGTON, FL 33414	•	1	DO	NOT W	RITE
TITLE	····	, , , , , , , , , , , , , , , , , , , 	1	IN '	THIS SP	ACE
NAME			Į.	114	inio ori	~~L
STREET ADDRESS CITY - ST - ZIP			1			
TITLE			1			
NAME	{					

12. Thereby 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 earlit; 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: __

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND FIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T. Williamson

Dayûme Phone #