2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2004 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State			
DOCUMENT # P9700007378 1. Entity Name STAR 108 DEVELOPMENT, INC.					~		y or state
Principal Place 9625 WES KI RIVERVIEW, F	EARNEY WAY	Mailing Address P.O. BOX 5299 TAMPA, FL 33675-5299 US					II (646) (6764) (6764)
D	O NOT WRITE	CE	04072004 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For S9-3431158 Not Applied ble 5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Current R	egistered Agent					
701 INDIAI P.O. BOX	FRACY J JR NA AVENUE 783 RBOR, FL 33682		-	NOT W			
	named entity submits this statement for ions of registered agent	he purpose of changing its register	red office or register	red agent, or bot	h, in the State of F	lorida. I am famil	ar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent an	ed Agent signature requirer	d when reinstaling)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.				.00 May Be led to Fees			
10.	OFFICERS AND C	IRECTORS					
TITLE NAME STREET ADDRESS CITY+ST+ZIP	STD HARRIS, TRACY J JR 701 INDIANA AVENUE PALM HARBOR, FL 33682				U0000 04729704	(0138 707 (-800 90-0)	P4 150 nn
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KEARNEY, BING 911 SEDDON COVE WAY TAMPA, FL 33602				I See tell Suid I	المساعد استاست استان	
TITLE NAME SIREET ADDRESS CITY-ST-ZIP			DO NOT WRITE				
TITLE NAME STREET ADDRESS GITY+ST-ZIP	NAME STREET ADDRESS			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-7IP							

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 controlled 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: 1

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/04

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