

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90308 041 ***150.00

DOCUMENT # P97000103088

1. Entity Name
SILVER STAR SQUARE, INC.



Principal Place of Business

1555 HOWELL BRACH RD
SUITE C-208
WINTER PARK, FL 32789 US

Mailing Address

1555 HOWELL BRANCH RD
SUITE C-208
WINTER PARK, FL 32789 US

14014000



2. Principal Place of Business

2699 LEE ROAD

Suite, Apt. #, etc.

SUITE 405

3. Mailing Address

P.O. Box 940157

Suite, Apt. #, etc.

04272004

Chg-P

CR2E034 (10/03)

City & State

WINTER PARK FL

City & State

MAITLAND FL

Zip

32789

Country

USA

Zip

32794

Country

USA

4. FEI Number

59-2482421

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KELLOGG, ROGER W
1470 PLACE PICARDY
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME KELLOGG, ROGER W
STREET ADDRESS 1470 PLACE PICARDY
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE D ☐ Delete
NAME MITCHELL, JOHN C II
STREET ADDRESS 143 KILLARNET DR
CITY-ST-ZIP WINTER PARK, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROGER W KELLOGG

Date

Daytime Phone #

4/27/04

407-644-2210