

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000103145 1. Entity Name STAR XI INVESTORS, INCORPORATED	
---	---

Principal Place of Business 2900 HARTLEY ROAD JACKSONVILLE, FL 32257	Mailing Address 2900 HARTLEY ROAD JACKSONVILLE, FL 32257
--	--



02012007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3481834	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent WODRICH, MICHAEL A 1301N RIVERPLACE BLVD SUITE 1500 JACKSONVILLE, FL 32207
--

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

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

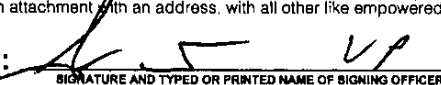
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SANTARONE, MICHAEL S 2900 HARTLEY ROAD JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FOSTER, RONALD H JR 2900 HARTLEY ROAD JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP TAYLOR, CHARLES R 2900 HARTLEY ROAD JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP VEALE, ERNEST A 2900 HARTLEY ROAD JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ALBERTELLI, GEORGE J 2900 HARTLEY ROAD JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WITT, SCOTT V 2900 HARTLEY ROAD JACKSONVILLE, FL 32257

**DO NOT WRITE
IN THIS SPACE**

U000000635187
02/23/07-80004-013 150.00

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-07 904-899-9441
Date Daytime Phone #