

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 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**



04032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3481834	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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, 2008 Fee will be \$550.00**

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

U000000887367
04/21/08-80017-014 150.00

10. OFFICERS AND DIRECTORS

TITLE DVP
NAME SANTARONE, MICHAEL S
STREET ADDRESS 2900 HARTLEY ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE DP
NAME FOSTER, RONALD H JR
STREET ADDRESS 2900 HARTLEY ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE DVP
NAME TAYLOR, CHARLES R
STREET ADDRESS 2900 HARTLEY ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE DVP
NAME VEALE, ERNEST A
STREET ADDRESS 2900 HARTLEY ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE ST
NAME ALBERTELLI, GEORGE J
STREET ADDRESS 2900 HARTLEY ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE VP
NAME WITT, SCOTT V
STREET ADDRESS 2900 HARTLEY ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32257

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

4/14/08