

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000012157 1. Entity Name STAR CITY, INC.					
Principal Place of Business 9625 WES KEARNEY WAY RIVERVIEW, FL 33569			Mailing Address 9625 WES KEARNEY WAY RIVERVIEW, FL 33569		
2. Principal Place of Business			3. Mailing Address		
Suite Apt # etc			Suite Apt # etc		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3490732	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KEARNEY, BRYAN G 9625 WES KEARNEY WAY RIVERVIEW, FL 33569				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 _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	PSTD KEARNEY, BRYAN G 9625 WES KEARNEY WAY RIVERVIEW, FL 33569		TITLE NAME STREET ADDRESS CITY ST ZIP	U00000526800 05/04/06-80087-021 150.00	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
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 blocks required.					
SIGNATURE: _____			4/20/06 813-699-1112		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					