


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Sep 07, 2005 08:00 AM  
Secretary of State

DOCUMENT # P98000060436	
1. Entity Name STARGAZER PRODUCTIONS OF CENTRAL FLORIDA, INC.	

Principal Place of Business 4241 SE 53RD AVE STE 2 OCALA, FL 34480	Mailing Address PO BOX 830177 OCALA, FL 34483
---	---

DO NOT WRITE IN THIS SPACE



08302005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3526554	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  BISHOP, W.E. JR. 7743 SW SR 200 OCALA, FL 34476
--

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000377846 09/07/05-80018-001 550.00
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROTHENBERGER, KATHLEEN M 10880 SE 129TH ST BELLEVIEW, FL 34420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS ROTHENBERGER, JOSEPH C 10880 SE 129TH ST BELLEVIEW, FL 34420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Kathleen M. Rothenberger 8-30-2005 694-7707  
KATHLEEN M. ROTHENBERGER (352)  
Date Daytime Phone #