

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000072211

1. Entity Name
SEVEN STAR TRUST, INC.



Principal Place of Business

C/O MURPHY, REID, PILOTTE, ORD & AUSTIN
340 ROYAL PALM WAY, SUITE 100
PALM BEACH, FL 33480

Mailing Address

C/O MURPHY, REID, PILOTTE, ORD & AUSTIN
340 ROYAL PALM WAY, SUITE 100
PALM BEACH, FL 33480



02222005 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0915882

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURPHY, EUGENE W JR
340 ROYAL PALM WAY, SUITE 100
PALM BEACH, FL 33480

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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, 2005 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
NAME WASHBURN, WILLIAM F
STREET ADDRESS 400 N. FLAULER DR, A-1
CITY-ST-ZIP W. PALM BEACH, FL 33401

TITLE D
NAME JOHNSTON, ERNEST S
STREET ADDRESS 100 WORTH AVENUE, APT. 420
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE D
NAME MCCANN, FRANK J
STREET ADDRESS 217 BAHAMA LANE
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE D
NAME PETRINA, MICHAEL J
STREET ADDRESS 100 ROYAL PALM WAY
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE D
NAME RONAN, WILLIAM J
STREET ADDRESS 525 SO. FLAGLER DRIVE, T.H. 2F
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000246831
02/28/05-80083-003 150.00

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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

Date

Daytime Phone #