

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90298 011 ***150.00

DOCUMENT # P98000073704

1. Entity Name

STAR CONNECTIONS INC.



Principal Place of Business

3412 WOLFE RD.
ZEPHYRHILLS, FL 33541 US

Mailing Address

3412 WOLFE RD.
ZEPHYRHILLS, FL 33541 US

DO NOT WRITE IN THIS SPACE



01142006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3535399

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OVERSTREET, MARION S
3412 WOLFE RD
ZEPHYRHILLS, FL 33541

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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, 2006 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 OVERSTREET, MARION S
STREET ADDRESS ~~38621 FERM CIRCLE~~ 3412 Wolfe Rd
CITY-ST-ZIP ZEPHYRHILLS, FL ~~33640~~ 33541

TITLE D
NAME OVERSTREET, ANGELA C
STREET ADDRESS ~~38621 FERM CIRCLE~~ 3412 Wolfe Rd
CITY-ST-ZIP ZEPHYRHILLS, FL ~~33640~~ 33541

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 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 #

✓ 4-20-06 813-783-6799