



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90291 017 ***150.00

DOCUMENT # P98000085038					
1. Entity Name STAR-GLO REALTY CORP.					
Principal Place of Business 2250 AVENIDA DEL VERA NORTH FORT MYERS, FL 33917			Mailing Address 2250 AVENIDA DEL VERA FORT MYERS, FL 33917		
2. Principal Place of Business 12800 UNIVERSITY DR Suite, Apt. #, etc. SUITE 400 City & State FORT MYERS, FL Zip 33907 Country USA		3. Mailing Address 12800 UNIVERSITY DR Suite, Apt. #, etc. SUITE 400 City & State FORT MYERS, FL Zip 33907 Country USA			
4. FEI Number 58-2424808		03152004 Chg-P CR2E034 (10/03)			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CALLAHAN, W S ESQ. STUMP, STOREY & CALLAHAN, P.A. 37 NORTH ORANGE AVENUE #200 ORLANDO, FL 32801			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$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	D <input type="checkbox"/> Delete CLARK, DAVE 2250 AVENIDA DEL VERA NORTH FT. MYERS, FL 33917		TITLE- NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12800 University Dr., Ste 400 Fort Myers, FL 33907	
TITLE- NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ROSEN, MICHAEL E 2250 AVENIDA DEL VERA NORTH FT MYERS, FL 33917		TITLE- NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12800 University Dr., Ste 400 Fort Myers, FL 33907	
TITLE- NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete CORDELLO, DOUG 2250 AVENIDA DEL VERA NORTH FT MYERS, FL 33917		TITLE- NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12800 University Dr., Ste 400 Fort Myers, FL 33907	
TITLE- NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE- NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE- NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE- NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE- NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE- NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 an other like empowered.					
SIGNATURE: _____			Date Daytime Phone #		