

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90122 005 ***150.00

DOCUMENT # P98000106543

1. Entity Name
STAR UTILITY, INC.



Principal Place of Business
402 N. WALKER RD.
AVON PARK, FL 33825

Mailing Address
PO BOX 358
AVON PARK, FL 33826

14019447



2. Principal Place of Business

3. Mailing Address

P.O. Box 358

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01192004 Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-0885688

Applied For
Not Applicable

Zip

Country

Zip

Country

33826-0368

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAWYER, LORI S
402 N. WALKER RD.
AVON PARK, FL 33825

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

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, 2004 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 ☐ Delete
NAME **D SAWYER, JAMES A**
STREET ADDRESS **PO BOX 358**
CITY-ST-ZIP **AVON PARK, FL 33826**

TITLE ☒ Change ☐ Addition
NAME **P.O. Box 358**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D SAWYER, LORI S**
STREET ADDRESS **PO BOX 358**
CITY-ST-ZIP **AVON PARK, FL 33826**

TITLE ☒ Change ☐ Addition
NAME **P.O. Box 358**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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:

James A Sawyer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/2004

Date

Daytime Phone #

JAMES A. SAWYER