


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 30, 2004 08:00 AM
Secretary of State**

DOCUMENT # P99000076689 1. Entity Name STAR FOODS, INC.	
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Principal Place of Business P.O. BOX 633 SAN ANTONIO, FL 33576	Mailing Address P.O. BOX 633 SAN ANTONIO, FL 33576
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DO NOT WRITE IN THIS SPACE



01232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3602250	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COFFELT, KEVIN R 13905 STATE ROAD 52 SAN ANTONIO, FL 33576
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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 _____
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COFFELT, KEVIN R 13905 STATE ROAD 52 SAN ANTONIO, FL 33576
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COFFELT, REBECCA J 13905 STATE ROAD 52 SAN ANTONIO, FL 33576
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000021386 01/30/04-80003-009 150.00</p> 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 19.07(3)(f), 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:  X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **352-581-5182**
Daytime Phone #