



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90025 024 ***150.00

DOCUMENT # P99000076689 1. Entity Name STAR FOODS, INC.					
Principal Place of Business P.O. BOX 633 SAN ANTONIO, FL 33576			Mailing Address P.O. BOX 633 SAN ANTONIO, FL 33576		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 670 Suite, Apt. #, etc.			
City & State		City & State SAN ANTONIO FL		4. FEI Number 59-3602250	
Zip 33576	Country	Zip 33576	Country PASCO	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COFFELT, KEVIN R 13905 STATE ROAD 52 SAN ANTONIO, FL 33576				7. Name and Address of New Registered Agent Name COFFELT KEVIN R. Street Address (P.O. Box Number is Not Acceptable) 31935 STATE ROAD 52 City SAN ANTONIO FL Zip Code 33576	
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, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <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	PD COFFELT, KEVIN R 13905 STATE ROAD 52 SAN ANTONIO, FL 33576	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COFFELT, REBECCA J 13905 STATE ROAD 52 SAN ANTONIO, FL 33576	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: X  x 1-25-05 727-448-2319 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR KEVIN R. COFFELT					