


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90036 004 ***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 670
SAN ANTONIO, FL 33576**

2. Principal Place of Business
PO Box 670

3. Mailing Address
PO Box 670

Suite, Apt. #, etc.

City & State
Dade City FL

City & State
Dade City FL

Zip
33526

Country

01252006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3602250

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**COFFELT, KEVIN R
31935 STATE ROAD 52
SAN ANTONIO, FL 33576**

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 *Kevin R Coffelt* *K R C* *1-27-6*
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDS COFFELT, KEVIN R 31935 STATE ROAD 52 SAN ANTONIO, FL 33576 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Kevin R Coffelt* *1-27-6* *727-448-2317*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
KEVIN R. COFFELT