2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2005 8:00 am Secretary of State

DOCUMENT # P99000105737*** 1. Entity Name STAR FIRE PROTECTION, INC.								03-31-2005 9	0038 04	7 ***150.	.00	
Principal Place	of Busines	s	Mailing Address									
533 STEVENS ST			533 STEVENS ST									
JACKSONVILLE, FL 32254			JACKSONVILLE, FL 32254									
							1 10 mm m m 1 mm 1	nna 18011 82111 82111 8211	NE 11 8 11 0 010 1 0	101 1 0202 1318 1 0 1	#(##) 11 18 #L	
2. Principal Place of Business		3. Mailing Address								;]]]]]]]]]]]]]]]]]]]		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03182005	Chg-P	CR2E0	34 (10/03)				
City & State			City & State			4. FEI Number 59-3612	877			pplied For ot Applicable		
Zip Country		Zip Coun		try	5. Certificat		f Status Desired		\$8.75 Add			
	6. Name	and Address of Current	Registered Agent				7. Name and	ddress of New R	egistered .	Agent		
					Name		منعا	Tille				
ELEFANT, FRED				Street Addres			S (B.O. Box Number is Not Acceptable)					
1650 PRUDENTIAL DRIVE SUITE 105					52	33 3	Steven					
JACKSON'		. 32207										
					City	ā.K	Souvi	اد	FL	Zip Cod	te 254	
6. The above	named eatit	y submits this statement for	r the burpose of changing it	s register	ed office or	register	ed agent, or both	, in the State of Flo	orida. I am	familiar with,	, and accept	
the obligations of registered agent.												
SIGNATURE.												
	Signature, typed	i or printed name of registered agent	and title if applicable. (NO	TE: Registere	d Agent signati	ure required	when reinstating)		/ DATE/			
i			1									
		FEE IS \$150.00 5 Fee will be \$550.	9. Election Camp. Trust Fund Cor			\$5. Add	00 May Be ed to Fees		1 4			
After Ma	ay 1, 200		Trust Fund Cor	tribution.	· · · · ·	Add	ADDITIONS/C	HANGES TO OFF	ICERS AND	N /		
10.	a y 1, 200	5 Fee will be \$550. OFFICERS AND	OO Trust Fund Cor	11.	· · · · · · · · · · · · · · · · · · ·	\$5. Add	ADDITIONS/C	CHANGES TO OFF	ICERS AND	D DIRECTOR Change	RS IN 11	
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12. Thereby 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 or other, 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

LIME OF SIGNING OFFICER OR DIRECTOR

3/22/05

904-384-1066

Daytime Phone #