


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # M96344</b> 1. Entity Name <b>T.B. OF STARKE, INC.</b>	
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**FILED**  
 05 APR -7 PM 3:58  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business <b>808 S WALNUT STARKE, FL 32091</b>	Mailing Address <b>T.B. STARKE, INC. P O BOX 1669 LAKE CITY, FL 32056-1669 US</b>
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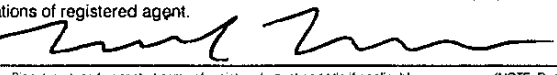
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>198 SW Main Blvd.</b> Suite, Apt. #, etc.
City & State Zip      Country	City & State <b>Lake City FL</b> Zip      Country <b>32025      USA</b>

03282005    Chg-P    CR2E034 (10/03)

4. FEI Number <b>59-2907368</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>MOSES, MICHAEL C 265 SW MALONE SUITE 111 LAKE CITY, FL 32025</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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  DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	MOSES, MICHAEL C	NAME	<b>President moses, michael c</b>
STREET ADDRESS	PO BOX 1669	STREET ADDRESS	<b>198 SW Main Blvd.</b>
CITY-ST-ZIP	LAKE CITY, FL 32056	CITY-ST-ZIP	<b>Lake city, FL 32025</b>
TITLE	V	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	SMITH, STEPHEN A	NAME	<b>400054043444</b>
STREET ADDRESS	153 NE MADISON STREET	STREET ADDRESS	<b>05/09/05--01021--004    **200.00</b>
CITY-ST-ZIP	LAKE CITY, FL 32025	CITY-ST-ZIP	
TITLE	S	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	MOSES, PHILIP J JR	NAME	
STREET ADDRESS	816 SW MAIN BLVD	STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY, FL 32025	CITY-ST-ZIP	
TITLE		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR