


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90029 040 ***150.00

DOCUMENT # 647837
1. Entity Name
5 STAR INC.



Principal Place of Business Mailing Address
6630 WESTWOOD ACRES ROAD **6630 WESTWOOD ACRES ROAD**
FT MYERS, FL 33905 **FT MYERS, FL 33905**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country



01122006 Chg-P CR2E034 (11/05)

4. FEI Number
59-1959182 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
FLINT, WILLIAM W
6630 WESTWOOD ACRES ROAD
FT. MYERS, FL 33905

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

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

TITLE	P <input type="checkbox"/> Delete
NAME	FLINT, WILLIAM
STREET ADDRESS	6630 WESTWOOD ACRES ROAD
CITY-ST-ZIP	FT MYERS, FL 00000
TITLE	S <input type="checkbox"/> Delete
NAME	FLINT, CONNIE
STREET ADDRESS	6630 WESTWOOD ACRES ROAD
CITY-ST-ZIP	FT. MYERS, FL
TITLE	V <input type="checkbox"/> Delete
NAME	RASNAKE, FREDERICK
STREET ADDRESS	12301 SHAWNEE ROAD
CITY-ST-ZIP	FORT MYERS, FL 33913
TITLE	T <input type="checkbox"/> Delete
NAME	FLINT, WILLIAM W JR.
STREET ADDRESS	808 GRANT AVE
CITY-ST-ZIP	LEHIGH ACRES, FL 33972
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	6620 Westwood Acres Rd.
CITY-ST-ZIP	Fort Myers, FL 33905
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Connie Flint* Date: 1/21/06 Daytime Phone #: (239) 334-6334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR