


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 647837</b> 1. Entity Name 5 STAR INC.	
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Principal Place of Business 6630 WESTWOOD ACRES ROAD FT MYERS, FL 33905	Mailing Address 6630 WESTWOOD ACRES ROAD FT MYERS, FL 33905
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05152008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1959182	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

<b>6. Name and Address of Current Registered Agent</b>  FLINT, WILLIAM W SR 6630 WESTWOOD ACRES ROAD FT. MYERS, FL 33905
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**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

U000000349046  
06/03/08-20011-025 150.00  
DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLINT, WILLIAM W SR 6630 WESTWOOD ACRES ROAD FT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FLINT, CONNIE A 6630 WESTWOOD ACRES ROAD FT. MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RASNAKE, FREDERICK D 12301 SHAWNEE ROAD FORT MYERS, FL 33913
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FLINT, WILLIAM W JR. 6620 WESTWOOD ACRES RD FORT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

5/13/08  
Date

239-334-6334  
Daytime Phone #