

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2004 8:00 am
Secretary of State

06-16-2004 90012 024 ***558.75

DOCUMENT # F97000002437

1. Entity Name
FIVE STAR FOOD SERVICE, INC.



Principal Place of Business Mailing Address

1221 VENDMORE DR **1221 VENDMORE DR**
DALTON, GA 30721 US **DALTON, GA 30721 US**

54057616



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

06112004 Chg-P CR2E034 (10/03)

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

58-2225899 Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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)

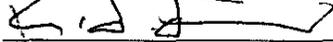
FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOCK, LAWRENCE E JR <input type="checkbox"/> Delete ONE MELLON BANK CENTER., #3200 PITTSBURGH, PA 15258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP <input checked="" type="checkbox"/> Delete NUGENT, MICHAEL W 1221 VENDMORE DR DALTON, GA 30721
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete NUGENT, MICHAEL W 1221 VENDMORE DR DALTON, GA 30721
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DEXTER, GREGORY A 3445 PEACHTREE RD., STE 625 ATLANTA, GA 30326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ARNOLD, CLAIRE L 248 THE PRADO NORTHEAST ATLANTA, GA 30309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT <input type="checkbox"/> Delete DOTSON, RICHARD D SR 1221 VENDMORE DR DALTON, GA 30721

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Steve Errico 1221 VENDMORE DR DALTON, GA 30721
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Steve Errico 1221 VENDMORE DR DALTON, GA 30721
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  6-14-04 706-260-2605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #