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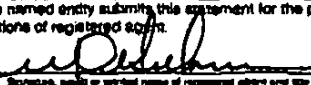
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FILED
May 16, 2006 8:00 am
Secretary of State

04-25-2006 90113 037 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J29543			
1. Entity Name FOUR STAR RENTALS, INC.			
Principal Place of Business MILE MARK 45 US1 5218 US1 KEY WEST, FL 33040 US		Mailing Address 5218 US1 KEY WEST, FL 33040 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2751877		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GILBERT, MICHAEL L. 5218 US1 KEY WEST, FL 33040		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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, title or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when submitting)			
FILE NUMBER FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$8.00 may be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP	TITLE	
NAME	GILBERT, MICHAEL L.	NAME	
STREET ADDRESS	5218 US1	STREET ADDRESS	
CITY-ST-ZIP	KEY WEST, FL 33040	CITY-ST-ZIP	
TITLE	DV	TITLE	
NAME	LEMON, WILLIAM L.	NAME	
STREET ADDRESS	5218 US1	STREET ADDRESS	
CITY-ST-ZIP	KEY WEST, FL 33040	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	LEMON, ERIK	NAME	
STREET ADDRESS	5218 US1	STREET ADDRESS	
CITY-ST-ZIP	KEY WEST, FL 33040	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	GILBERT, MARK E	NAME	
STREET ADDRESS	5218 US1	STREET ADDRESS	
CITY-ST-ZIP	KEY WEST, FL 33040	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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 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 make 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 individuals.			
SIGNATURE: 		Date _____	
SIGNATURE AND PRINTED NAME OF SIGNED OFFICER OR DIRECTOR		Date _____	

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