

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K83880</b>	
1. Entity Name FIVE STAR PROPERTY MANAGEMENT, INC.	



Principal Place of Business FIVE STAR PROPERTY 6233 A1A SOUTH SAINT AUGUSTINE, FL 32080	Mailing Address 6233 A1A SOUTH SAINT AUGUSTINE, FL 32080
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06302005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2957809	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  GEIB, SANDRA 6233 A1A SOUTH ST. AUGUSTINE, FL 32084
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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

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	P GEIB, SANDRA 6233 A1A SOUTH ST. AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS GEIB, JAMES 6233 A1A SOUTH ST AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GEIB FRANK 6233 A1A SOUTH ST AUGUSTINE, FL 32080
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000000372081  
07/11/05-80018-002 550.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Frank T. Geib (T) FRANK T. GEIB 6/30/05 (904) 471-9750  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #