

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 23, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # K83880**

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**



05182007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2957809**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GEIB, SANDRA  
6233 A1A SOUTH  
ST. AUGUSTINE, FL 32080**

**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 reconstituting) DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

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	P
NAME	GEIB, SANDRA
STREET ADDRESS	6233 A1A SOUTH
CITY-ST-ZIP	ST. AUGUSTINE, FL
TITLE	VPS
NAME	GEIB, SANDRA A
STREET ADDRESS	6233 A1A SOUTH
CITY-ST-ZIP	ST AUGUSTINE, FL 32080
TITLE	T
NAME	GEIB, SANDRA A
STREET ADDRESS	6233 A1A SOUTH
CITY-ST-ZIP	ST AUGUSTINE, FL 32080
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000765204  
05/31/07-80029-016 150.00

**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: Frank Geib (FRANK GEIB)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/18/07 904-471-9750