

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90033 005 ****70.00



DOCUMENT # N0000004946
1. Entity Name
FIVE STAR YOUTH OF AMERICA, INC.

Principal Place of Business Mailing Address
4816 N COUNTY RD, #661 **4816 N COUNTY RD, #661**
ARCADA FL 34266 **ARCADA FL 34266**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
TUCKER, JACQUELINE W
4816 N COUNTY RD, #661
ARCADA FL 34266

4. FEI Number Applied For
65-1034903 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 *Jaqueline W. Tucker* DATE *01/18/05*
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	TUCKER, JACQUELINE W	
STREET ADDRESS	4816 N COUNTY RD, #661	
CITY-ST-ZIP	ARCADA FL 34266	
TITLE	DV	<input type="checkbox"/> Delete
NAME	STONE, KENNETH W	
STREET ADDRESS	3943 NW NORTH RD	
CITY-ST-ZIP	ARCADA FL 34266	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ANTHONY, PATRICIA	
STREET ADDRESS	223 N 28TH AVE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Sec. Treasurer</i>	
STREET ADDRESS	<i>5400 Riverside Dr. # 3437</i>	
CITY-ST-ZIP	<i>Punta Gorda, Fl. 33982</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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: *Jaqueline W. Tucker* DATE: *01/18/05* DAYTIME PHONE #: *863-993-0083*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #