

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000045767

1. Entity Name  
FIVE STAR ALTERATIONS, INC.



Principal Place of Business  
P.O. BOX 6156, MACDILL AIR FORCE BASE  
TAMPA, FL 33606

Mailing Address  
% STEVERN BOOKKEEPING  
P.O. BOX 10  
BENA, VA 23018



03222004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FBI Number  
54-1989173

Applied For  
Not Applicable

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

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

FLORES, LORRIE L  
1401 DUMONT DR.  
VALRICO, FL 33594

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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  
FLORES, LORRIE  
1401 DUMONT DR.  
VALRICO, FL 33594

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

U000000102575  
04/05/04-80021-012 150.00

**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: LORRIE L. FLORES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-04 813-840-9154

Date

Daytime Phone #