

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90276 018 ***158.75

DOCUMENT # P01000101741					
1. Entity Name FIVE STAR ADVERTISING, INC.					
Principal Place of Business 240 EAST INTENDENCIA STREET PENSACOLA, FL 32501			Mailing Address P. O. BOX 13367 PENSACOLA, FL 32591		
2. Principal Place of Business 240 E. Intendencia St.		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Pensacola, Florida		City & State		4. FEI Number 59-3754811	
Zip 32502		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MICHLES, MARCUS J II 240 EAST INTENDENCIA STREET PENSACOLA, FL 32501			7. Name and Address of New Registered Agent Name MICHLES, MARCUS J II Street Address (P.O. Box Number is Not Acceptable) 240 E. INTENDENCIA ST. City PENSACOLA FL 32502		
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 \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE P NAME MICHLES, II, MARCUS J STREET ADDRESS 240 EAST INTENDENCIA STREET CITY-ST-ZIP PENSACOLA, FL 32501	<input type="checkbox"/> Delete				
TITLE VPS NAME BOOTH, RAINEY C STREET ADDRESS 240 EAST INTENDENCIA STREET CITY-ST-ZIP PENSACOLA, FL 32501	<input checked="" type="checkbox"/> Delete				
TITLE MD NAME WARD, CINDY STREET ADDRESS 240 EAST INTENDENCIA STREET CITY-ST-ZIP PENSACOLA, FL 32501	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE P NAME MICHLES, MARCUS J II STREET ADDRESS 240 E. INTENDENCIA ST. CITY-ST-ZIP PENSACOLA, FLORIDA 32502	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <u>Marcus J. Michles II</u> 4/10/06 850-438-4848 _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MARCUS J. MICHLES II					

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