

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000101741

Entity Name: FIVE STAR ADVERTISING, INC.

FILED  
Apr 17, 2009  
Secretary of State

## Current Principal Place of Business:

501 BRENT LANE  
PENSACOLA, FL 32503

## New Principal Place of Business:

## Current Mailing Address:

501 BRENT LANE  
PENSACOLA, FL 32503

## New Mailing Address:

P.O.BOX 2872  
PENSACOLA, FL 32513

FEI Number: 59-3754811

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MICHLES, MARCUS J II  
501 BRENT LANE  
PENSACOLA, FL 32503 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MICHLES, II, MARCUS J  
Address: 240 EAST INTENDENCIA STREET  
City-St-Zip: PENSACOLA, FL 32502

Title: MD ( ) Delete  
Name: WARD, CINDY  
Address: 240 EAST INTENDENCIA STREET  
City-St-Zip: PENSACOLA, FL 32501

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MICHLES, II, MARCUS J  
Address: 501 BRENT LANE  
City-St-Zip: PENSACOLA, FL 32503

Title: MD (X) Change ( ) Addition  
Name: WARD, CINDY  
Address: 501 BRENT LANE  
City-St-Zip: PENSACOLA, FL 32503

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CINDY WARD

MD

04/17/2009

Electronic Signature of Signing Officer or Director

Date