## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## May 03, 2004 8:00 am Secretary of State **DOCUMENT # P01000112668** 05-03-2004 90667 047 \*\*\*150.00 5 STAR ISLAND INTERIORS, INC. Principal Place of Business Mailing Address 29566 LUCRECIA STREET 29566 LUCRECIA STREET BIG PINE KEY, FL 33043 BIG PINE KEY, FL 33043 2. Principal Place of Business 22966 Overseas Highway 3. Mailing Address 22966 Overseas Highway Suite, Apt. #, etc. Suite, Apt. #, etc. 04302004 CR2E034 (10/03) Chg-P City & State 4. FEI Number Applied For Hlorida Florida <u>judioe K</u>ev 03-0395865 Not Applicable \$8.75 Additional U.S. 5. Certificate of Status Desired 33042 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MERKEL, HOWARD L Street Address (P.O. Box Number is Not Acceptable) 540 KEY DEER BLVD BIG PINE KEY, FL 33047 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE F#.E NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PSTD** ☐ Delete TITLE TITLE PSTD Change ☐ Addition Anderson, Denise M. 28109 Dorothy Avenue ANDERSON, DENISE M NAME NAME 29566 LUCRECIA STREET STREET ADDRESS STREET ADDRESS Little Torch Key, FL 33042 CITY-ST-ZIP BIG PINE KEY, FL 33043 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition Flynn, Daniel A. 28109 Dorothy Avenue NAME FLYNN, DANIEL A NAME STREET ADDRESS 29566 LUCRECIA ST STREET ADDRESS Little Torch Ker, FL 33042 City-St-7IP BIG PINE KEY, FL 33043 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachprent with an address, with all other like empowered. Denise M. Anderson

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