


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Feb 01, 2005 8:00 am  
Secretary of State**


02-01-2005 90022 047 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # P02000033586</b>                            |  |
| 1. Entity Name<br><b>5 STAR AUTO REPAIR CENTRE', INC.</b> |   |

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| Principal Place of Business<br><b>108 WINDSONG COURT<br/>PORT ST JOE, FL 32456</b> | Mailing Address<br><b>108 WINDSONG COURT<br/>PORT ST JOE, FL 32456</b> |
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|  |  |
|--|--|
| 2. Principal Place of Business<br><b>770 Hwy 98</b><br>Suite, Apt. #, etc. | 3. Mailing Address<br><b>770 Hwy 98</b><br>Suite, Apt. #, etc. |
|--|--|

|   |   |
|---|---|
| City & State<br><b>Port St. Joe, FL</b><br>Zip <b>32456</b> Country <b>Gulf</b> | City & State<br><b>Port St. Joe, FL</b><br>Zip <b>32456</b> Country <b>Gulf</b> |
|---|---|

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|---|--|
|               |  |
| 01182005 Chg-P  | CR2E034 (10/03)  |
| 4. FEI Number<br><b>02-0573325</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>COSTIN, CHARLES A -<br/>413 WILLIAMS AVE<br/>PORT SAINT JOE, FL 32456</b> | 7. Name and Address of New Registered Agent<br>Name <b>Scoggins Matthew</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>770 Hwy 98</b><br>City <b>Port St. Joe</b> <b>FL</b> Zip Code <b>32456</b> |
|---|--|

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.

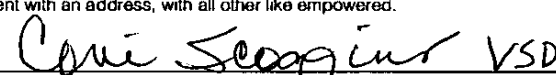
SIGNATURE  DATE **1/18/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PTD<br>SCOGGINS, MATTHEW<br>108 WINDSONG COURT<br>PORT ST JOE, FL 32456 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PTD<br>Scoggins, Matthew<br>770 Hwy 98<br>Port St. Joe, FL 32456 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VSD<br>SCOGGINS, CONI<br>108 WINDSONG COURT<br>PORT ST JOE, FL 32456 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VSD<br>Scoggins Coni<br>770 Hwy 98<br>Port St. Joe, FL 32456 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 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 attachment with an address, with all other like empowered.

**SIGNATURE:**  **1/18/05** **(850) 229-7827**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR