

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000033586

1. Entity Name
5 STAR AUTO REPAIR CENTRE', INC.



Principal Place of Business

770 HWY 98
PORT ST JOE, FL 32456

Mailing Address

770 HWY 98
PORT ST JOE, FL 32456

FILED
Apr 25, 2007 08:00 A
Secretary of State



04102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0573325	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCOGGINS, MATTHEW
770 HWY 98
PORT SAINT JOE, FL 32456

**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, 2007 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	PTD SCOGGINS, MATTHEW 770 HWY 98 PORT ST JOE, FL 32456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SCOGGINS, CONI 770 HWY 98 PORT ST JOE, FL 32456
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05/08/07-80114-014 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-07 850 229-7827