

2008 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
Jan 11, 2008 08:00 AM
Secretary of State



01092008 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 ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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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, 2008 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000780065
01/14/08-80007-013 150.00

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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 #

01/09/08

850-225-7827