

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90031 025 ***150.00

DOCUMENT # P02000095887					
1. Entity Name FIVE STAR SUCCESS CORP.					
Principal Place of Business ALTAMONTE MALL 451 ALTAMONTE DR ALTAMONTE SPRINGS, FL 32701			Mailing Address 1740 CHERRY RIDGE DR LAKE MARY, FL 32746		
NOTE CHANGE OF ADDRESS					
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 01-0752358	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					
BAZIJANEC, KRESIMIR 1740 CHERRY RIDGE DR LAKE MARY, FL 32746					
NOTE CHANGE OF ADDRESS					
7. Name and Address of New Registered Agent					
Name <u>K.J. BAZIJANEC</u> Street Address (P.O. Box Number is Not Acceptable) <u>2597 CYPRESS POINT DR UNIT 107</u> City <u>LAKE MARY</u> <u>FL</u> Zip Code <u>32746</u>					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAZIJANEC, KRESIMIR 1740 CHERRY RIDGE DR LAKE MARY, FL 32746	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
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: <u>K.J. BAZIJANEC</u> 30/01/08					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40016401

ATTACHMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS[Home](#)[Contact Us](#)[E-Filing Ser](#)

My address is: Kresimir D. Baziijanec
2597 Grassy Point Dr.
Unit 107
Lake Mary, FL. 32746

Res. And Fax: 407-805-0485
Cell : 407-416-8184
Dairy Queen : 407-339-1223

Annual Report Online Fil...

Document Number P02000095887

Business Entity Name FIVE STAR SUCCESS CORP.

FEI Number 01 - 0752358

FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not ApplicableCertificate of Status Desired ☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No**Principal Place of Business**

Address 451 E. Altamonte Dr. (PO Box not acceptable)
Suite, Apt. #, etc. Altamonte Mall Suite KK20
City, State Altamonte Springs, FL
Zip Code & Country 32701

Mailing Address

If your mailing address is the same as the principal address above, please check the box below. Otherwise your mailing address.

☒ Mailing address same as principal address

Address 451 E. Altamonte Dr.
Suite, Apt. #, etc. Altamonte Mall Suite KK20
City, State Altamonte Springs, FL
Zip Code & Country 32701

Name And Address of Registered Agent

Name (Last, First, Middle, Title) Bazijanec, Kresimir, D.
- OR -

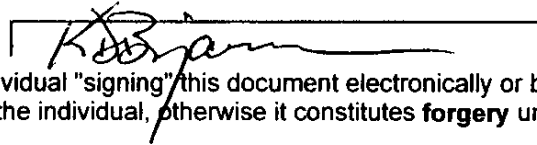
Business to serve as RA

40016401

ATTACHMENT
PO 2000095-287

Street Address In Florida 2597 Grassy Point Dr. (PO Box not acceptable)
Suite, Apt. #, etc. Suite # 107
City, State Lake Marry, FL
Zip Code & Country 32746 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name And Address**Name And Address #1**

Title _____
Name (Last, First, Middle, Title) Bazijanec, Kresimir, D, _____
- OR -
Entity Name to serve as Officer/Director _____

Street Address 2597 Grassy Point Dr. Suite # 107
City, State Lake Marry, FL
Zip Code & Country 32746

Name And Address #2

Title _____
Name (Last, First, Middle, Title) _____
- OR -
Entity Name to serve as Officer/Director _____

Street Address _____
City, State _____
Zip Code & Country _____

Name And Address #3

Title _____

ATTACHMENT

40016401

P02000095887

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

owner

Officer/Director Signature

K. B. [Signature]

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

[Continue](#)

[Reset](#)