

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P03000004914**

1. Entity Name  
**FIVE STAR COMMERCIAL SERVICES, INC.**



Principal Place of Business  
**36 PEBBLE BEACH DR  
ORMOND BEACH, FL 32174**

Mailing Address  
**36 PEBBLE BEACH DR  
ORMOND BEACH, FL 32174**



01112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**04-3733671**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**NICHOLS, DAVID J  
36 PEBBLE BEACH DR  
ORMOND BEACH, FL 32174**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

UNRECORDED

04/22/08-80080-011 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	NICHOLS, DAVID J
STREET ADDRESS	36 PEBBLE BEACH DRIVE
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	D
NAME	NICHOLS, KIMBERLY
STREET ADDRESS	36 PEBBLE BEACH DRIVE
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:**

*Kim Nichols*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Kim Nichols, Corp Secretary*  
Date

*4-8-08 (386) 676-0264*  
Daytime Phone #