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04 OCT 13 AM 9:54

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000049232			
1. Entity Name 5 STARS ON SANIBEL INC			
Principal Place of Business 2055 PERIWINKLE WAY #5 SANIBEL, FL 33957		Mailing Address 2055 PERIWINKLE WAY #5 SANIBEL, FL 33957	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
09242004		Chg-P CR2E034 (10/03)	
4. FEI Number 06-1693049		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent HOOVER, KENNETH E 2055 PERIWINKLE WAY #5 SANIBEL, FL 33957		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
9. 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 releasing) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS HOOVER, KENNETH E 5307 SW 22ND AVE CAPE CORAL, FL 33904 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 400041907044 10/15/04--01083--001 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HOOVER, MARIE E 5307 SW 22ND AVE CAPE CORAL, FL 33904 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 807, 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: X <i>Kenneth Hoover</i>		X 9-28-04	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR		Date Daytime Phone #	