

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90451 005 \*\*\*159.00

**DOCUMENT # P03000154298**

1. Entity Name

**FIVE STAR MOBILE DETAILING INC.**



Principal Place of Business

**199 5764 NORTH ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32810**

Mailing Address

**199 5764 NORTH ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32810**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04162004

Chg-P

CR2E034 (10/03)

4. FEI Number

**20-0562326**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BRADLEY, TOMMIE  
2137 LAKE DEBRA DR  
2137  
ORLANDO, FL 32835**

7. Name and Address of New Registered Agent

Name

**Toreon Foster**

Street Address (P.O. Box Number is Not Acceptable)

**4425 Urban Ct.**

City

**Orlando**

FL

Zip Code

**32810**

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

**Toreon Foster**

(NOTE: Registered Agent Signature required when reinstating)

**4/22/04**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing

Trust Fund Contribution

**\$5.00 May Be**

**Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE

P

☐ Delete

NAME

**FOSTER, TOREON**

STREET ADDRESS

**4425 URBAN CT**

CITY-ST-ZIP

**ORLANDO, FL 32810**

TITLE

VP

☒ Delete

NAME

**BRADLEY, TOMMIE**

STREET ADDRESS

**2137 LAKE DEBRA DR**

CITY-ST-ZIP

**ORLANDO, FL 32835**

TITLE

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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 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:**

**Toreon Foster**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/04**

DATE

**(407) 702-3862**

DAYTIME PHONE #