


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90106 047 ***150.00

DOCUMENT # P04000021716	
--------------------------------	---

1. Entity Name
5 STAR ELECTRIC INC

Principal Place of Business
**505 TUPELO TRACE
JACKSONVILLE, FL 32259**

Mailing Address
**505 TUPELO TRACE
JACKSONVILLE, FL 32259**

2. Principal Place of Business
8434 Twisted Vine Ct

3. Mailing Address
8434 Twisted Vine Ct

City & State
Jacksonville FL

City & State
Jacksonville FL

Zip
32216

Country
USA

Zip
32216

Country
USA

01142005 Chg-P CR2E034 (10/03)

4. FFI Number
651209945

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**JEFFERSON, JOE D
7313 AMANDAS CROSSING DR S
JACKSONVILLE, FL 32244-6172**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	POWERS, THOMAS P			NAME	POWERS, THOMAS P		
STREET ADDRESS	4500 BAYMEADOWS RD, # 186			STREET ADDRESS	4180 MAIL COACH CT		
CITY-ST-ZIP	JACKSONVILLE, FL 32256			CITY-ST-ZIP	MIDDLEBURG FL 32260		
TITLE	VP	<input type="checkbox"/> Delete		TITLE	VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KORALEWSKI, RICHARD P			NAME	KORALEWSKI, RICHARD P		
STREET ADDRESS	505 TUPELO TRACE			STREET ADDRESS	8434 TWISTED VINE CT		
CITY-ST-ZIP	JACKSONVILLE, FL 32259			CITY-ST-ZIP	JACKSONVILLE FL 32216		
TITLE	S	<input type="checkbox"/> Delete		TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	POWERS, THOMAS P JR			NAME	POWERS, THOMAS P JR		
STREET ADDRESS	4500 BAYMEADOWS RD, # 186			STREET ADDRESS	4180 MAIL COACH CT		
CITY-ST-ZIP	JACKSONVILLE, FL 32256			CITY-ST-ZIP	MIDDLEBURG FL 32260		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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)(f), 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 *Richard P. Powers* **1-14-05** **904-654-6373**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #