

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90394 014 \*\*\*150.00

**DOCUMENT # P04000021716**

1. Entity Name  
**5 STAR ELECTRIC INC**



Principal Place of Business  
**8434 TWISTED VINE CT  
JACKSONVILLE, FL 32216 US**

Mailing Address  
**8434 TWISTED VINE CT  
JACKSONVILLE, FL 32216 US**

40052063



2. Principal Place of Business

**4180 Mail Coach CT**

3. Mailing Address

**4180 Mail Coach CT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02142006

Chg-P

CR2E034 (11/05)

City & State

**Middleburg, FL**  
Zip **32068** Country

City & State

**Middleburg, FL**  
Zip **32068** Country

4. FEI Number  
**65-1209945**

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 **RICHARD CAMP, CPA**  
Street Address (P.O. Box Number is Not Acceptable)  
**6817 Southport Parkway**  
**#2201**  
City **JACKSONVILLE FL** Zip Code **32216**

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

*Richard Camp, CPA*

**3/14/06**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POWERS, THOMAS P 4180 MAIL COACH CT MIDDLEBURG, FL 32260	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KORALEWSKI, RICHARD P 8434 TWISTED VINE CT JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POWERS, THOMAS P JR 4180 MAIL COACH CT MIDDLEBURG, FL 32260	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Thomas Powers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/13/06**

Date

Daytime Phone #