

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

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

40052063

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

2. Principal Place of Business

4180 Mail Coach CT  
Suite, Apt. #, etc.

3. Mailing Address

4180 Mail Coach CT  
Suite, Apt. #, etc.

City & State

Middlebury, FL

City & State

Middlebury, FL

Zip

32068

Zip

32068

Country

Country

6. Name and Address of Current Registered Agent

JEFFERSON, JOE D  
7313 AMANDAS CROSSING DR S  
JACKSONVILLE, FL 32244-6172

Name

RICHARD CAMP, CPA

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

6917 Southpoint 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*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restating)

DATE

3/14/06

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME POWERS, THOMAS P  
STREET ADDRESS 4180 MAIL COACH CT  
CITY-ST-ZIP MIDDLEBURG, FL 32260

Delete

TITLE VP  
NAME KORALEWSKI, RICHARD P  
STREET ADDRESS 8434 TWISTED VINE CT  
CITY-ST-ZIP JACKSONVILLE, FL 32216

Delete

TITLE S  
NAME POWERS, THOMAS P JR  
STREET ADDRESS 4180 MAIL COACH CT  
CITY-ST-ZIP MIDDLEBURG, FL 32260

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  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 P. Camp*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/06

Date Daytime Phone #