2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# P04000021716

Entity Name: 5 STAR ELECTRIC INC

Current Principal Place of Business:

4066 SUNRISE FARMS RD
MIDDLEBURG, FL 32068 US

New Principal Place of Business:

Current Mailing Address:

4180 MAIL COACH CT
MIDDLEBURG, FL 32068 US

New Mailing Address:

FEI Number: 65-1209945 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMP, RICHARD CPA
6817 S POINT PKWY
2201
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

POWERS, SHERRI L VP
4066 SUNRISE FARMS ROAD
MIDDLEBURG, FL 32068 US

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.

SIGNATURE: THOMASPOWERS 04/21/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: POWERS, THOMAS P
Address: 4066 SUNRISE FARMS RD
City-St-Zip: MIDDLEBURG, FL 32068

Title: VP ( ) Delete
Name: POWERS, SHERRI L
Address: 4066 SUNRISE FARMS RD
City-St-Zip: MIDDLEBURG, FL 32068

Title: S ( ) Delete
Name: POWERS, THOMAS P JR
Address: 4066 SUNRISE FARMS RD
City-St-Zip: MIDDLEBURG, FL 32068

Title: T ( ) Delete
Name: POWERS, DANIELLE
Address: 4066 SUNRISE FARMS RD
City-St-Zip: MIDDLEBURG, FL 32068

Title: D ( ) Delete
Name: POWERS, KANDICE
Address: 4066 SUNRISE FARMS RD
City-St-Zip: MIDDLEBURG, FL 32068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS P POWERS P 04/21/2008
Electronic Signature of Signing Officer or Director Date