

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90251 014 ***150.00

DOCUMENT # P05000003046

1. Entity Name
FIVE STAR DELIVERY INCORPORATED



Principal Place of Business
**608 SW 18TH TERR
CAPE CORAL, FL 33991**

Mailing Address
**608 SW 18TH TERR
CAPE CORAL, FL 33991**

60034987



2. Principal Place of Business

2408 NW 15th Street

Suite, Apt. #, etc.

3. Mailing Address

2408 NW 15th Street

Suite, Apt. #, etc.

04202006

Chg-P

CR2E034 (11/05)

City & State

Cape Coral, Florida

City & State

Cape Coral, Florida

4. FEI Number

20-2148242

Applied For

Not Applicable

Zip

33993

Country

USA

Zip

33993

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PETERSON, CURT
608 SW 18TH TERR
CAPE CORAL, FL 33991**

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

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
**DP
PETERSON, CURT
608 SW 18TH TERR
CAPE CORAL, FL 33991** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSTD
PETERSON, ANDREA
608 SW 18TH TERR
CAPE CORAL, FL 33991** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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:

Andrea Peterson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-06

Date

239-283-3604

Daytime Phone #