

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000044789

FILED  
May 01, 2012  
Secretary of State

**Entity Name:** PROSTAR ADMINISTRATIVE SOLUTIONS INC

**Current Principal Place of Business:**

508 W GREGORY STREET  
SUITE A  
PENSACOLA, FL 32502

**New Principal Place of Business:**

1299 W. MAIN STREET  
PENSACOLA, FL 32502

**Current Mailing Address:**

1206 SOUNDVIEW TRAIL  
GULF BREEZE, FL 32561

**New Mailing Address:**

1299 W. MAIN STREET  
PENSACOLA, FL 32502

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAWTHORNE, BONNIE R  
508 W GREGORY STREET  
SUITE A  
PENSACOLA, FL 32502 US

**Name and Address of New Registered Agent:**

HAWTHORNE, BONNIE R  
1299 W. MAIN STREET  
PENSACOLA, FL 32502 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:

05/01/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HAWTHORNE, BONNIE R  
Address: 1031 PARADISE LANE  
City-St-Zip: PENSACOLA, FL 32506

Title: VP  
Name: HAWTHORNE, GEORGE N  
Address: 1031 PARADISE LANE  
City-St-Zip: PENSACOLA, FL 32506

Title: AVP  
Name: THOMAS, ANGELICA  
Address: 1031 PARADISE LANE  
City-St-Zip: PENSACOLA, FL 32506

I hereby 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 all other like empowered.

SIGNATURE: BONNIE R. HAWTHORNE

P

05/01/2012

Electronic Signature of Signing Officer or Director

Date