

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000067324

**FILED**  
**Feb 23, 2012**  
**Secretary of State**

**Entity Name:** FIVE STAR TAX SERVICE INC

**Current Principal Place of Business:**

3176 N JOG RD  
7203  
WEST PALM BEACH, FL 33411

**Current Mailing Address:**

3176 N JOG RD  
7203  
WEST PALM BEACH, FL 33411

**New Principal Place of Business:**

1695 FLORIDA MANGO ROAD  
SUITE 10  
WEST PALM BEACH, FL 33406 US

**New Mailing Address:**

1695 FLORIDA MANGO ROAD  
SUITE 10  
WEST PALM BEACH, FL 33406 US

**FEI Number:** 45-2847598

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EWALD, STEVENS  
5366 MEADOWS EDGE DR.  
LAKE WORTH, FL 33463 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: EWALD, STEVENS  
Address: 1695 5366 MEADOWS EDGE DR  
City-St-Zip: LAKE WORTH, FL 33463

Title: VP  
Name: THOMPSON, LAKEVIA S  
Address: 3176 N JOG ROAD APT 7203  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: CEO  
Name: EWALD, STEVENS  
Address: 1695 FLORIDA MAGO ROAD SUITE 10  
City-St-Zip: WEST PALM BEACH, FL 33406 US

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: LAKEVIA THOMPSON

VP

02/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date