## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Mar 17, 2004 8:00 am Secretary of State

DOCUMENT # P95000027443  1. Entity Name				Secretary of State 03-17-2004 90026 012 ***150.00	
FIVE STAR OF PASCO, INC.				<b>9</b>	
Principal Plac	te of Business	Mailing Address		<del></del>	
37853 HWY ZEPHYRHIL	54 W LS FL 33541	37853 HWY 54 W ZEPHYRHILLS FL 33541	l		
				I TREMBEL DE TRIAL DE TRIAL DE LA COMPANIO DE LA C	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E034 (11/03)	
City & State		City & State		4. FEI Number 65-0582523 Applied For Not Applied For	_
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	е
<u> </u>	6. Name and Address of Currer	nt Registered Agent		7. Name and Address of New Registered Agent	_
			Name		-
PATEL, KIRAN 37853 HWY 54 W ZEPHYRHILLS FL 33541			Street Addre	ress (P.O. Box Number is Not Acceptable)	
ZEF	7HYRDILLS FL 33541				
			City	FL Zip Code	
	e named entity submits this statement tions of registered agent.	for the purpose of changing its re	egistered office or reg	gistered agent, or both, in the State of Florida. I am familiar with, and accep	ł
li le estige	nons of registered agent.				
SIGNATURE	Signature, typed or printed name of registered ago	ant and title if applicable. (NOTE:	Registered Agent signature re	required when reinstating) DATE	
F	ILE NOW!!! FEE IS \$150.00			0.51-00-0	_
After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
10.	在17年的的数据1940年的基础的1940年的1940年,1940年	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	_
TITLE	D	Delete	TITLE	☐ Change ☐ Additio	n.
NAME	PATEL, KIRAN	•	NAME		
STREET ADDRESS CITY-ST-ZIP	37853 HWY 54 W ZEPHYRHILLS FL 33541		STREET ADDRESS CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Additio	 n
NAME	PATEL, MADHU		NAME		
STREET ADDRESS	37853 HWY 54 W ZEPHYRHILLS FL 33541		STREET ADDRESS CITY-ST-ZIP		
TITLE	ZEFT(MILLES) E 33341	□ Delete	TITLE	Change Addition	313
NAME	,		NAME	Change	
STREET ADDRESS			STREET ADDRESS		
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CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND EXPERIENTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 01/04 (813) 788-0149

Daytime Phone #