

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90107 038 ***150.00

DOCUMENT # P99000041066					
1. Entity Name A FIVE STAR BUSINESS, INC.					
Principal Place of Business 4727 SANS SOUCI AVE. NORTH PORT, FL 34287			Mailing Address 4727 SANS SOUCI AVE. NORTH PORT, FL 34287		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0919604	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JAENSCH, P. CHRISTOPHER 2198 MAIN STREET SARASOTA, FL 34237				7. Name and Address of New Registered Agent Name JMJ SERVICES INC. Street Address (P.O. Box Number is Not Acceptable) 14580 S Tamiami Trail Unit D City North Port FL 34287	
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 <i>Maria Kalapati</i> by <i>BARBARA C. AMORE</i> DATE 4-22-08 MARIA KALAPATI (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FISCHER, KARIN 4727 SANS SOUCI AVE. NORTH PORT, FL 34287	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FISCHER, KLAUS 4727 SANS SOUCI AVE. NORTH PORT, FL 34287	☐ Delete	TITLE NAME 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: <i>Karin Fischer</i> (KARIN FISCHER) 04/21/2008 (941) 423-2856 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					