

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**Feb 01, 2005 8:00 am
Secretary of State**

02-01-2005 90022 045 ***150.00

DOCUMENT # P99000063625

1. Entity Name
5 STAR 2000, INC.



Principal Place of Business
108 WINDSONG CT.
PORT ST. JOE, FL 32456

Mailing Address
108 WINDSONG CT.
PORT ST. JOE, FL 32456

2. Principal Place of Business
770 Hwy 98
Suite, Apt. #, etc.

3. Mailing Address
770 Hwy 98
Suite, Apt. #, etc.

City & State
Port St. Joe, FL
Zip 32456 Country GULF

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Port St. Joe, FL
Zip 32456 Country GULF

01182005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3586878

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCOGGINS, MATTHEW
108 WINDSONG CT.
PORT ST. JOE, FL 32456

7. Name and Address of New Registered Agent

Name Scoggins Matthew
Street Address (P.O. Box Number is Not Acceptable)
770 Hwy 98
City Port St. Joe FL Zip Code 32456

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD
NAME SCOGGINS, MATTHEW ☐ Delete
STREET ADDRESS 108 WINDSONG CT.
CITY-ST-ZIP PORT ST. JOE, FL 32456

TITLE VD
NAME SCOGGINS, CONI ☐ Delete
STREET ADDRESS 108 WINDSONG CT.
CITY-ST-ZIP PORT ST. JOE, FL 32456

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☒ Change ☐ Addition
NAME SCOGGINS, Matthew
STREET ADDRESS 770 Hwy 98
CITY-ST-ZIP Port St. Joe, FL 32456

TITLE VD ☒ Change ☐ Addition
NAME SCOGGINS, Coni
STREET ADDRESS 770 Hwy 98
CITY-ST-ZIP Port St. Joe, FL 32456

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Coni Scoggins VD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/05
Date

(850) 229-7827
Daytime Phone #