2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000063625

1. Entity Name
5 STAR 2000, INC.

Principal Place of Business	Mailing Address
770 HIGHWAY 98 PORT SAINT JOE, FL 32456	770 HIGHWAY 98 PORT SAINT JOE, FL 32456

DO NOT WRITE IN THIS SPACE

01192006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3586878	Not Applicable

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

6. Name and Address of Current Registered Agent

SCOGGINS, MATTHEW
770 HIGHWAY 98
PORT SAINT JOE, FL 32456

DO NOT WRITE IN THIS SPACE

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 _____   DATE 1-27-06

Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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
STREET ADDRESS	770 HIGHWAY 98
CITY-ST-ZIP	PORT SAINT JOE, FL 32456
TITLE	VD
NAME	SCOGGINS, CONI
STREET ADDRESS	770 HIGHWAY 98
CITY-ST-ZIP	PORT SAINT JOE, FL 32456
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000410644
02/03/06-80045-007 150.00

DO NOT WRITE IN THIS SPACE

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: _____   Date 1-21-06   Daytime Phone # 850229792

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR