


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # K70846
 1. Entity Name
SEA STAR TRAILER RENTALS, INC.



Principal Place of Business % JAMES D. HOLSOMBAKE 2205-A GRANT AVENUE PANAMA CITY, FL 32405	Mailing Address % JAMES D. HOLSOMBAKE 2205-A GRANT AVENUE PANAMA CITY, FL 32405
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DO NOT WRITE IN THIS SPACE



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2937507	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLSOMBAKE, JAMES D.
 2205-A GRANT AVENUE
 PANAMA CITY, FL 32405

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

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLSOMBAKE, JAMES D. 201 TIMBER LANE PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOIKAS, JAMES B. 304 N. 19TH STREET BESSEMER, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 07/12/04-80017-001 150.00

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:  **James D. Holsomake** **7/3/04** **850 785 3443**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #