2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # F98300

1. Entity Name
BRIGHT STAR MOTEL COMPANY, INC.

Principal Place of Business	Mailing Address
604 WOOD TRL. PANAMA CITY, FL 32495	604 WOOD TRL. PANAMA CITY, FL 32495

03092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1928376
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HOLSOMBAKE, JAMES D.
604 WOOD TRL.
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 title if applicable. (NOTE: Registered Agent's signature required when changed.)

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	PTD
NAME	KOIKOS, JAMES B
STREET ADDRESS	304 N 19TH STREET
CITY-ST-ZIP	BESSEMER, AL 35020
TITLE	VSD
NAME	KOIKOS, NICHOLAS W
STREET ADDRESS	221 CRESTSIDE CR
CITY-ST-ZIP	BESSEMER, AL
TITLE	D
NAME	HOLSOMBAKE, JAMES D.
STREET ADDRESS	604 WOOD TRL.
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/21/06-80083-015 150.00

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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: James D. Holsombake 3/10/06 850-832-0330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #