


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # F98300 1. Entity Name BRIGHT STAR MOTEL COMPANY, INC.	
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01232008 No Chg-P CR2E034 (11/05)

Principal Place of Business 604 WOOD TRL. PANAMA CITY, FL 32405	Mailing Address 604 WOOD TRL. PANAMA CITY, FL 32405
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1928376	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. 604 WOOD TRL. PANAMA CITY, FL 32405
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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 _____
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, 2008 Fee will be \$550.00**

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

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

<p>U00000795740 01/29/08-80004-006 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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.

James D. Holsombake 1/23/08 850-832-0330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #