

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G60645

Entity Name: BRIDGESTAR, INC.

FILED
Apr 14, 2005
Secretary of State

Current Principal Place of Business:

228 N 3RD STREET
JACKSONVILLE BEACH, FL 32250 US

New Principal Place of Business:

Current Mailing Address:

23410 WELLINGTON COURT BLVD.
SPRING, TX 77389 US

New Mailing Address:

FEI Number: 59-2329154

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, KENNETH G.
1301 GULF LIFE DR.
SUITE-2540 GULF LIFE TOWER
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOEKENGA, CHRISTIAN M
Address: 23410 WELLINGTON CT BLVD
City-St-Zip: SPRING, TX 77389

Title: VD () Delete
Name: HOEKENGA, DAVID E
Address: 3305 MAJESTIC RIDGE
City-St-Zip: LAS CRUCES, NM 88011

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRIS HOEKENGA

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04/14/2005

Electronic Signature of Signing Officer or Director

_____ Date