


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 | |
| DO NOT WRITE IN THIS SPACE | | |



07012004 No Chg-P CR2E034 (10/03)

| | |
|---|--|
| 4. FEI Number 59-2937507 | Applied For <input type="checkbox"/> 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 | 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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

**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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U00000165514
07/12/04-80017-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/3/04 850 785 3443
Date Daytime Phone #