


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 08:00 AM
Secretary of State

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



05202008 No Chg-P CR2E034 (11/05)

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

**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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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.
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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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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06/04/08-80056-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Jim Holsomake* **Date:** 20 MAY 08 **Daytime Phone #:** 850 785 3443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR