

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90099 014 ***150.00

DOCUMENT # P04000098023						
1. Entity Name BRIGHTSIDE RV CENTER INC						
Principal Place of Business 1301 OLD MISSION RD NEW SMYRNA BEACH, FL 32168			Mailing Address 1301 OLD MISSION RD NEW SMYRNA BEACH, FL 32168			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
6. Name and Address of Current Registered Agent SOLSTAD, JOHN F 4272 BEACON LIGHT RD EDGEWATER, FL 32141			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____			
4. FEI Number 16-1709602						
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						
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: 3-9-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE P	NAME SOLSTAD, JOHN F		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4272 BEACON LIGHT RD	CITY-ST-ZIP EDGEWATER, FL 32141			NAME	STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE VP	NAME SOLSTAD, TERRI L		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4272 BEACON LIGHT RD	CITY-ST-ZIP EDGEWATER, FL 32141			NAME	STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP			NAME	STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP		
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STREET ADDRESS	CITY-ST-ZIP			NAME	STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP			NAME	STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP		
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:			TERRI L SOLSTAD V.P.		3-8-05 386-423-4322	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>	