


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90487 001 \*\*\*150.00  
05-04-2006 90487 002 \*\*\*\*\*8.50

<b>DOCUMENT # P04000098023</b>	
1. Entity Name <b>BRIGHTSIDE RV CENTER INC</b>	

Principal Place of Business <b>1301 OLD MISSION RD NEW SMYRNA BEACH, FL 32168</b>	Mailing Address <b>1301 OLD MISSION RD NEW SMYRNA BEACH, FL 32168</b>
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**DO NOT WRITE IN THIS SPACE**

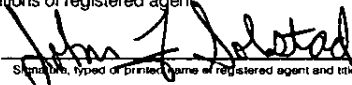


01242006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>16-1708602</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>SOLSTAD, JOHN F 4272 BEACON LIGHT RD EDGEWATER, FL 32141</b>	<b>460 WARD DRIVE OAK HILL, FL 32759</b>
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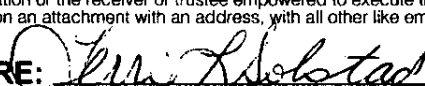
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  <b>JOHN F. SOLSTAD</b>	DATE <b>4-20-06</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P SOLSTAD, JOHN F 4272 BEACON LIGHT RD EDGEWATER, FL 32141</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP SOLSTAD, TERRIL 4272 BEACON LIGHT RD EDGEWATER, FL 32141</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>460 WARD DR OAK HILL, FL 32759</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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.	
SIGNATURE:  <b>TERRIL SOLSTAD VP</b>	DATE <b>4-20-06</b> (386) 423-4322