


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 27, 2004 8:00 am**  
**Secretary of State**

05-27-2004 90014 019 \*\*\*150.00

**DOCUMENT # P96000054494**

1. Entity Name  
**SUGAR BEACH MOTEL, INC.**



Principal Place of Business  
 16819 FRONT BEACH ROAD  
 PANAMA CITY BEACH, FL 32413

Mailing Address  
 2205-A GRANT AVE  
 PANAMA CITY, FL 32405

**24077182**



2. Principal Place of Business  
**604 WOOD TRAIL**

3. Mailing Address  
**604 WOOD TRAIL**

Suite, Apt. #, etc.

05182004 Chg-P CR2E034 (10/03)

City & State  
**PANAMA CITY, FL**

City & State  
**PANAMA CITY, FL**

Zip  
**32495** Country

Zip  
**32405** Country

4. FEI Number  
**05-9338518**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HOLSOMBAKE, JIM**  
 16819 FRONT BEACH ROAD  
 PANAMA CITY BEACH, FL 32413

7. Name and Address of New Registered Agent

Name  
**HOLSOMBAKE, JIM**

Street Address (P.O. Box Number is Not Acceptable)  
**604 WOOD TRAIL**

City  
**PANAMA CITY** FL Zip Code  
**32405**

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 *[Signature]* **JIM HOLSOMBAKE** DATE **5/25/04**

(NOTE: Registered Agent signature required when reappointing)

**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, JIM 16819 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32413	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>604 WOOD TRAIL</b> <b>PANAMA CITY, FL 32405</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **JIM HOLSOMBAKE** Date **5/25/04** Daytime Phone # **832-0330**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR