


2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90455 034 \*\*\*150.00

**DOCUMENT # G60645**

1. Entity Name  
**BRIDGESTAR, INC.**



Principal Place of Business      Mailing Address

**2317 MILLER OAKS DR. S.**      **23410 WELLINGTON COURT BLVD.**  
**JACKSONVILLE, FL 32217 US**      **SPRING, TX 77389 US**

2. Principal Place of Business      3. Mailing Address

**228 N. 3RD STREET**      Suite, Apt. #, etc.


Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**JACKSONVILLE BEACH**      **FL**      **Zip Code**

Zip      Country      Zip      Country

**32250**      **FL**      **DUVAL**      **FL**



04202004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For

**59-2329154**      Not Applicable

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

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**ANDERSON, KENNETH G.**  
**1301 GULF LIFE DR.**  
**SUITE-2540 GULF LIFE TOWER**  
**JACKSONVILLE, FL 32207**

Name      Street Address (P.O. Box Number is Not Acceptable)      City      **FL**      Zip Code

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 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	HOEKENGA, CHRISTIAN M	NAME	
STREET ADDRESS	23410 WELLINGTON CT BLVD	STREET ADDRESS	
CITY-ST-ZIP	SPRING, TX 77389	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	HOEKENGA, DAVID E	NAME	
STREET ADDRESS	3305 MAJESTIC RIDGE	STREET ADDRESS	
CITY-ST-ZIP	LAS CRUCES, NM 88011	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		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: Christian M. Hoekenga      4/20/04      281-379-5946

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

**CHRISTIAN M. HOEKENGA**