


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000003018
 1. Entity Name
BAY4 CAPITAL PARTNERS, INC.



Principal Place of Business Mailing Address
10901 W. TOLLES DR **311 N. BAYSHORE DR**
LITTLETON CO 80127 **SAFETY HARBOR FL 34695**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

No Change



1st MOORE CR2E034 (10/04)

4. FEI Number **84-1586081** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
FLORIDA CORPORATE COUNSEL, LLC
101 PHILIPPE PKWY., SUITE 301
SAFETY HARBOR FL 34695

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City State Zip Code
No Change
FL

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 *N/A* DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BIDDINGER, CLAY M	
STREET ADDRESS	311 N. BAYSHORE DRIVE	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	S	<input type="checkbox"/> Delete
NAME	SULLIVAN, CHRISTOPHER	
STREET ADDRESS	101 PHILIPPE PKWY., SUITE 301	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	T	<input type="checkbox"/> Delete
NAME	GONZALEZ, RAMON III	
STREET ADDRESS	311 N. BAYSHORE DRIVE	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000260837	
CITY-ST-ZIP	03/12/05-80041-009 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

No Changes

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: *Clay M. Biddinger* *Clay M. Biddinger, Pres* 1/31/05 (727) 216-4000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #