

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 17, 2008 8:00 am
Secretary of State

07-17-2008 90063 005 ***150.00

DOCUMENT # J90376
 1. Entity Name
BAYSIDE GENERAL CONTRACTING, INC.



Principal Place of Business Mailing Address
 1016 A JOHN SIMS PKWY 1016 A JOHN SIMS PKWY
 NICEVILLE FL 32578 NICEVILLE FL 32578
 US US



2. Principal Place of Business - No P.O. Box # **SAME** 3. Mailing Address **SAME**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State City & State

4. FEI Number **59-2845380** Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
HAZLETT, JOHN A
1016 A JOHN SIMS PARKWAY
NICEVILLE FL 32578

7. Name and Address of New Registered Agent
 Name **N/A**
 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.
PLEASE NOTE: THIS FORM WAS JUST FOUND IN BGC 2007 TAX FILE AND CAN NOT FIND ANY RECORD OF BEING PREVIOUSLY FILED. JOHN A. HAZLETT

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	HAZLETT, JOHN A
STREET ADDRESS	4347 HIDDEN LAKES DR
CITY-ST-ZIP	NICEVILLE FL 32578
TITLE	ST <input type="checkbox"/> Delete
NAME	HAZLETT, BEVERLY A
STREET ADDRESS	4347 HIDDEN LAKES DR
CITY-ST-ZIP	NICEVILLE FL 32578
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: JOHN A. HAZLETT PRESIDENT