

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L14291

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** MICHAEL D. BAYS INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

3905 N. LECANTO HWY.  
BEVERLY HILLS, FL 34465 US

**New Principal Place of Business:**

**Current Mailing Address:**

3905 N. LECANTO HWY.  
BEVERLY HILLS, FL 34465 US

**New Mailing Address:**

**FEI Number:** 59-2952902

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BAYS, MICHAEL D  
3905 N. LECANTO HWY.  
BEVERLY HILLS, FL 32665 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PVST  
Name: BAYS, MICHAEL D  
Address: 3905 N. LECANTO HWY.  
City-St-Zip: BEVERLY HILLS, FL 34465

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL D BAYS

PVST

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date