


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000033586
1. Entity Name
BAISDEN GALLERY, INC.



Principal Place of Business 442 GRAND CENTRAL AVE SUITE 100 TAMPA, FL 33606	Mailing Address 442 GRAND CENTRAL AVE SUITE 100 TAMPA, FL 33606
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07072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3643293	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WEINSTEIN, DAVID
1715 N WESTSHORE BLVD STE 190
TAMPA, FL 33607**

**DO NOT WRITE
IN THIS SPACE**

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 reissuance) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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	P BAISDEN, SUSAN 4901 W BAY WAY PLACE TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BAISDEN, LARRY 4901 W BAY WAY PLACE TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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07/12/04-80002-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan Baisden
Date: **July 10, 2004**
Daytime Phone # _____