


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000044421	
1. Entity Name BAY DEVELOPERS AND BUILDERS, INCORPORATED	

Principal Place of Business 5802 51ST SOUTH ST PETERSBURG FL 33715	Mailing Address 5802 51ST SOUTH ST PETERSBURG FL 33715
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 59-2966239		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BEEM, OWEN W 5802 51ST SOUTH ST PETERSBURG FL 33715	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P <input type="checkbox"/> Delete	NAME BEEM, OWEN W	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5802 51ST SOUTH	CITY - ST - ZIP ST PETERSBURG FL 33715	NAME	
TITLE VST <input type="checkbox"/> Delete	NAME BEEM, GERALDINE K	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5802 51ST SOUTH	CITY - ST - ZIP ST PETERSBURG FL 33715	NAME	
TITLE V <input type="checkbox"/> Delete	NAME BEEM, STEVEN S	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5802 51ST SOUTH	CITY - ST - ZIP ST PETERSBURG FL 33715	NAME	
TITLE V <input type="checkbox"/> Delete	NAME BEEM, DAVID M	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5802 51ST SOUTH	CITY - ST - ZIP ST PETERSBURG FL 33715	NAME	
TITLE VP <input type="checkbox"/> Delete	NAME BEEM, CAROLYN L	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 79231 BENTRINO	CITY - ST - ZIP LA QUINTA CA 92253	NAME	
TITLE VP <input type="checkbox"/> Delete	NAME JONES, KATHLEEN	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4920 SILVERTHORN CT EASTLAKE WOOD	CITY - ST - ZIP OLDSMAR FL 34677	NAME	

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:  **1/15/04** **(727) 8671074**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR