


**FILED**

**Apr 29, 2004 08:00 AM**  
**Secretary of State**

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # P02000007183</b>	
1. Entity Name <b>BAYSIDE GUIDE SERVICE, INC.</b>	

Principal Place of Business <b>119 VIA DELUNA DRIVE PENSACOLA BEACH, FL 32561</b>	Mailing Address <b>119 VIA DELUNA DRIVE PENSACOLA BEACH, FL 32561</b>
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**DO NOT WRITE IN THIS SPACE**



04262004 No Chg-P CR2E034 (10/03)

4. FEI NUMBER <b>59-1757554</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**WHITE, CHRISTOPHER M  
119 VIA DELUNA DRIVE  
PENSACOLA BEACH, FL 32561**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature based on printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when remodeling)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$850.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, CHRISTOPHER M 119 VIA DELUNA DRIVE PENSACOLA BEACH, FL 32561
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U00000140953  
04/29/04-80183-002 150.00

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 507, 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: Christopher M. White 26 APR 2004  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #