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Secretary of State

02-26-2004 90005 010 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000072205

1. Entity Name
BAY HR, INC.

54011991

Principal Place of Business	Mailing Address
1120 PINELLAS BAYWAY STE 208 ST PETERSBURG, FL 33701	1120 PINELLAS BAYWAY STE 208 ST PETERSBURG, FL 33701

02242004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
3350 Buschwood PK Dr	3350 Buschwood PK DR
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.: Suite 200
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33618 Country: USA	Zip: 33618 Country: USA

4. FEI Number: 20-0095053 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CAPPOCK, KEVIN J 1120 PINELLAS BAYWAY STE 208 ST PETERSBURG, FL 33701	Name: Terry Koch Street Address (P.O. Box Number is Not Acceptable): 3350 Buschwood PK DR Suite 200 City: Tampa **FL** Zip Code: 33618

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 ____________ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 2/24/04 DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPPOCK, KEVIN J 1120 PINELLAS BAYWAY STE 208 ST PETERSBURG, FL 33701	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Terry Koch 3350 Buschwood PK DR. Suite 200 Tampa, FL 33618	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: ____________ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2/24/04 Date Daytime Phone #