

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90069 007 ***150.00

DOCUMENT # P03000072205

1. Entity Name
BAY HR, INC.



Principal Place of Business 3350 BUSCHWOOD PK DR. STE. 200 TAMPA, FL 33618	Mailing Address 3350 BUSCHWOOD PK DR. STE. 200 TAMPA, FL 33618
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40024420



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02212007 Chg-P CR2E034 (12/06)

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

KOCH, TERRY
3350 BUSCHWOOD PARK DR.
STE. 200
TAMPA, FL 33618

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE P/D ☐ Delete
NAME BRILL, HOWARD
STREET ADDRESS 10375 PARK MEADOW DR STE 375
CITY-ST-ZIP LITTLETON, CO 80124

TITLE EVP ☒ Delete
NAME LARKIN, ROBERT
STREET ADDRESS 3350 BUSCHWOOD PARK DR STE 200
CITY-ST-ZIP TAMPA, FL 33618

TITLE EVP ☐ Delete
NAME KOCH, TERRY
STREET ADDRESS 3350 BUSCHWOOD PARK DR STE 200
CITY-ST-ZIP TAMPA, FL 33618

TITLE T/S ☐ Delete
NAME KOCH, TERRY
STREET ADDRESS 3350 BUSCHWOOD PARK DR STE 200
CITY-ST-ZIP TAMPA, FL 33618

TITLE EVP ☐ Delete
NAME HOLLENBACH, DAN
STREET ADDRESS 10375 PARK MEADOW DR STE 375
CITY-ST-ZIP LITTLETON, FL 80124

TITLE ASAT ☐ Delete
NAME HOLLENBACH, DAN
STREET ADDRESS 10375 PARK MEADOW DR STE 375
CITY-ST-ZIP LITTLETON, CO 80124

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

2-22-07

Date

813-935-2000

Daytime Phone #