


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 15 AM 8:16

<b>DOCUMENT # P04000036770</b> 1. Entity Name <b>BAY4 LEASING CORPORATION</b>	
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Principal Place of Business <b>311 BAYSHORE DR SAFETY HARBOR FL 34695</b>	Mailing Address <b>311 BAYSHORE DR SAFETY HARBOR FL 34695</b>
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
No Change	

PEI Number <b>20-0839067</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>FLORIDA CORPORATE COUNSEL, LLC 101 PHILIPPE PKWY STE 301 SAFETY HARBOR FL 34695</b>	7. Name and Address of New Registered Agent  Name Street Address (P.O./Box Number is Not Acceptable) City FL Zip Code
No Change	

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.

N/A

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	PCEO <input type="checkbox"/> Delete
NAME	BIDDINGER, CLAY M
STREET ADDRESS	311 BAYSHORE DR
CITY-ST-ZIP	SAFETY HARBOR FL 34695
TITLE	D <input type="checkbox"/> Delete
NAME	BIDDINGER, CLAY M
STREET ADDRESS	311 BAYSHORE DR
CITY-ST-ZIP	SAFETY HARBOR FL 34695
TITLE	T <input type="checkbox"/> Delete
NAME	LAFFERTY, CHARLES N
STREET ADDRESS	311 BAYSHORE DR
CITY-ST-ZIP	SAFETY HARBOR FL 34695
TITLE	S <input type="checkbox"/> Delete
NAME	SULLIVAN, CHRISTOPHER R
STREET ADDRESS	311 BAYSHORE DR
CITY-ST-ZIP	SAFETY HARBOR FL 34695
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	900048983359
STREET ADDRESS	03/23/05--01012--015 **300.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

No Changes

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: Clay M Biddinger, Director 1/31/05 (727) 216-4000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #