

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P04000036770

1. Entity Name

BAY4 LEASING CORPORATION



FILED

06 APR 28 PM 1:31

Principal Place of Business

311 BAYSHORE DR
SAFETY HARBOR FL 34695

Mailing Address

311 BAYSHORE DR
SAFETY HARBOR FL 34695

\$150.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

*3031 N Rocky Point Dr.
Suite, Apt. #, etc.
Ste 400*

3. Mailing Address

*2841 COBBLESTONE DR.
Suite, Apt. #, etc.*

1st MOORE CR2E034 (10/05) *OK*

City & State

Tampa, FL

City & State

Palm Harbor, FL

4. FEI Number

20-0839067

Applied For
Not Applicable

Zip

33607

Country

Hillsborough

Zip

34684

Country

USA

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLORIDA CORPORATE COUNSEL, LLC
101 PHILIPPE PKWY STE 301
SAFETY HARBOR FL 34695

7. Name and Address of New Registered Agent

Florida Corporate Counsel, LLC
Street Address (P.O. Box Number is Not Acceptable)
601 CLEVELAND ST., SUITE 501-25
City *CLEARWATER* FL Zip Code *33755*

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)

DATE

Address change only!

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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	PCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIDDINGER, CLAY M.	
STREET ADDRESS	2841 COBBLESTONE DRIVE	
CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIDDINGER, CLAY M.	
STREET ADDRESS	2841 COBBLESTONE DRIVE	
CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAFFERTY, CHARLES N	
STREET ADDRESS	3031 N. ROCKY POINT DRIVE, STE. 400	
CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, CHRISTOPHER R.	
STREET ADDRESS	601 CLEVELAND ST., SUITE 501-25	
CITY-ST-ZIP	CLEARWATER, FL 33755	
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		

900074327369
05/10/06--01012--003 **400.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 emp...

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Clay M. Biddinger

3/23/06

813-313-5100