


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P04000036770 1. Entity Name BAY4 LEASING CORPORATION			
Principal Place of Business 3031 N. ROCKY POINT DRIVE SUITE 400 TAMPA FL 33607		Mailing Address 2841 COBBLESTONE DRIVE PALM HARBOR FL 34884 ↓	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 3031 N Rocky Point Dr W. Suite, Apt. #, etc. Ste 400 City & State Tampa, FL Zip Country 33607 USA	
		4. FEI Number Applied For 20-0839067 Not Applicable	
		5. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
6. Name and Address of Current Registered Agent FLORIDA CORPORATE COUNSEL, LLC 601 CLEVELAND STREET SUITE 501-25 CLEARWATER FL 33755		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO BIDDINGER, CLAY M 2841 COBBLESTONE DRIVE → PALM HARBOR FL 34884 →	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3031 N Rocky Point Dr. W, Ste 400 Tampa, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIDDINGER, CLAY M 2841 COBBLESTONE DRIVE → PALM HARBOR FL 34884 →	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3031 N Rocky Point Dr. W, Ste 400 Tampa, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAFFERTY, CHARLES N 3031 N. ROCKY POINT DRIVE, SUITE 400 TAMPA FL 33607	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500098300715 04/24/07--01051--013 **250.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SULLIVAN, CHRISTOPHER R 601 CLEVELAND STREET, SUITE 501-25 CLEARWATER FL 33755	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition B 4/24/07
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 empowered.			
SIGNATURE: <i>Clay M. Biddinger</i>		Clay M. Biddinger 2/13/07 (813) 313-5400	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small> X5423	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA