


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**4 May 12, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90109 010 \*\*\*158.75

**DOCUMENT # P04000107623**

1. Entity Name  
**BAY AUTO OUTLET, INC.**



Principal Place of Business  
**P.O. BOX 880  
 LYNN HAVEN, FL 32444**

Mailing Address  
**P.O. BOX 880  
 LYNN HAVEN, FL 32444**

66016659



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

04132005 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-313566**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**LISTER, ROY M  
 1306 NEW YORK AVE  
 LYNN HAVEN, FL 32444**

7. Name and Address of New Registered Agent  
 Name **Brenda R. Pumphrey**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1306 New York Avenue**  
 City **Lynn Haven FL** Zip Code **32444**

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 *Brenda R. Pumphrey* DATE 4/13/05

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

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

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LISTER, ROY M 1306 NEW YORK AVE LYNN HAVEN, FL 32444</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Brenda R. Pumphrey 1306 New York Ave Lynn Haven, FL 32444</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP LISTER, ROY M 1306 NEW YORK AVE LYNN HAVEN, FL 32444</b> <input type="checkbox"/> Change <input checked="" 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
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

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: *Brenda R. Pumphrey* DATE 4/13/05 DAYTIME PHONE # 850-763-6500

Signature and typed or printed name of signing officer or director. Date