2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State
04-02-2007 90095 044 ***150.00

DOCUMENT # P04000173189

1. Entity Name
BAYSHORES ALUMINUM CONSTRUCTIONS, INC.

Principal Place of Business	Mailing Address
4825 BAYSHORE DR NAPLES FL 34112 US	15 MOONSTONE CIRCLE NAPLES FL 34112 US

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2493 Linwood AVE	SAME
Suite, Apt. #, etc. —	Suite, Apt. #, etc.
City & State: NAPLES FL.	City & State
Zip: 34112 Country: COLLIER	Zip Country

4. FEI Number 20-2118057 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STAUFFER, RICHARD 15 MOONSTONE CIRCLE NAPLES FL 34112	Name: PAUL HARMISON Street Address (P.O. Box Number is Not Acceptable): 2493 LINWOOD AVE City: NAPLES FL Zip Code: 34112

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: Paul Harmison 04-11-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STAUFFER, RICHARD 15 MOONSTONE CIRCLE NAPLES FL 34112	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition DELETE Richard STAUFFER
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HARMISON, PAUL 1223 EMBASSY LANE NAPLES FL 34104	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ~~STAUFFER, SANDRA~~ ~~15 MOONSTONE CIRCLE~~ ~~NAPLES FL 34112~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition DELETE SANDR. STAUFFER
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SOUCY, CAROL 1223 EMBASSY LANE NAPLES FL 34104	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 4-11-07 239-774-0353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #