

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000030984

**Entity Name:** BAYSIDE INN & MARINA, INC.

**FILED**  
**Jul 19, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

11365 GULF BOULEVARD  
TREASURE ISLAND, FL 33706

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 386  
SAINT PETERSBURG, FL 33731

**New Mailing Address:**

**FEI Number:** 20-1549472

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

APEX ACCOUNTING SOLUTIONS, INC.  
845 22ND STREET SOUTH  
SAINT PETERSBURG, FL 33712 US

**Name and Address of New Registered Agent:**

APEX ACCOUNTING SOLUTIONS, INC.  
833 22ND STREET SOUTH  
SAINT PETERSBURG, FL 33712 US

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

07/19/2010

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: DEFABRIZIO, LUIGI V CO-OWNE  
Address: PO BOX 386  
City-St-Zip: SAINT PETERSBURG, FL 33731 03

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LUIGI V. DEFABRIZIO

D

07/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date