


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90061 004 \*\*\*150.00

**DOCUMENT # P94000026737**

1. Entity Name  
**BAYSIDE FRAMING, INC.**



Principal Place of Business      Mailing Address  
**50 S.E. 11TH STREET DANIA FL 33004**      **50 S.E. 11TH STREET DANIA FL 33004**

2. Principal Place of Business      3. Mailing Address  
**50 S.E. 11TH STREET**      **50 S.E. 11TH STREET**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**DANIA FL.**      **DANIA FL.**

Zip      Country      Zip      Country  
**33004**      **U.S.A.**      **33004**      **U.S.A.**



1st MOORE      CR2E034 (10/04)

4. FEI Number      Applied For  
**65-0479564**       Not Applicable

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

6. Name and Address of Current Registered Agent  
**TURGEON, RICHARD**  
**50 S.E. 11TH STREET**  
**DANIA FL 33004**

7. Name and Address of New Registered Agent  
 Name **RICHARD TURGEON**  
 Street Address (P.O. Box Number is Not Acceptable)  
**50 S.E. 11TH STREET**  
 City **DANIA**      FL      Zip Code **33004**

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 **Richard Turgeon**      **PRESIDENT (OWNER)**      **2/18/05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	TURGEON, RICHARD	
STREET ADDRESS	1102 S.E. 2ND AVE.	
CITY-ST-ZIP	DANIA FL 33004	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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		

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: **Richard Turgeon**      **PRESIDENT OWNER**      **2/18/05**      **8:00 AM to 5:00 AM**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #