


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90074 026 ***150.00

DOCUMENT # P98000004924


1. Entity Name
BAYSIDE HEATING & AIR CONDITIONING, INC.



Principal Place of Business 22085 US HWY 19 CLEARWATER, FL 33765 US	Mailing Address 22085 US HWY 19 CLEARWATER, FL 33765 US
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DO NOT WRITE IN THIS SPACE

40003031



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3491187	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

~~WILLIS, ROBERT H JR.~~ *Russell Cheatham*
259 THIRD STREET NORTH *5536 Central Ave*
ST. PETERSBURG, FL 33701 *St. Petersburg, FL*
33707

**DO NOT WRITE
IN THIS SPACE**

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: *[Signature]* (NOTE: Registered Agent signature required when reinstating)

DATE: *1/12/07*

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PROVATAS, TOM
STREET ADDRESS	2142 FLAMEFLOWER CT
CITY-ST-ZIP	TRINITY, FL 34655
TITLE	VD
NAME	ROBINSON, GARY W
STREET ADDRESS	3120 PARK STREET, NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33710
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____