


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000051715 1. Entity Name BAYSIDE INDUSTRIES, INC.	
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Principal Place of Business 3045 NORTH FEDERAL HIGHWAY THE LANDMARK BUILDING FT. LAUDERDALE, FL 33306	Mailing Address 3045 NORTH FEDERAL HIGHWAY THE LANDMARK BUILDING FT. LAUDERDALE, FL 33306
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04072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0859796	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LAW OFFICES OF JUDITH A. JAVRVIS, P.A. 1260 EAST OAKLAND PARK BLVD STE 200 FORT LAUDERDALE, FL 33334-4418

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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, 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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEVD GALLANT, GLENN M 1260 EAST OAKLAND PARK BLVD FORT LAUDERDALE, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAETZ, DOUGLAS R 1260 E OAKLAND PARK BLVD FORT LAUDERDALE, FL 33334
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04/28/05-80138-004 150.00

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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:  4-18-05 954-453-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
GLENN M. GALLANT