



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90159 015 ***150.00

DOCUMENT # P02000043757 1. Entity Name BAY PETROLEUM CORP.					
Principal Place of Business 1101 GULF BREEZE PKWY SUITE 119 GULF BREEZE, FL 32561			Mailing Address 1101 GULF BREEZE PKWY SUITE 119 GULF BREEZE, FL 32561		
2. Principal Place of Business Suite, Apt. #, etc. 3866 PARADISE BAY DRIVE		3. Mailing Address Suite, Apt. #, etc. 3866 PARADISE BAY DRIVE			
City & State GULF BREEZE FL		City & State GULF BREEZE FL		4. FEI Number 46-0480340	
Zip 32563		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STORY, HOUSTON L 3866 PARADISE BAY DR GULF BREEZE, FL 32563				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u>Houston L. Story</u> Houston L. Story PRESIDENT <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STORY, HOUSTON L 3866 PARADISE BAY DR GULF BREEZE, FL 32563	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS STORY, MARGARET A 3866 PARADISE BAY DR GULF BREEZE, FL 32563	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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: <u>Houston L. Story</u> Houston L. Story 22 Apr: 05 850 916 9903 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					