


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90015 018 ***150.00

DOCUMENT # 174188
 1. Entity Name
BAYRIDGE CORPORATION



Principal Place of Business: 101 W. PIPPEN DR. ISLAMORADA, FL 33036-3113
 Mailing Address: P.O. BOX 1146 ISLAMORADA, FL 33036

44013033

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

02122004 Chg-P CR2E034 (10/03)
 4. FEI Number: 59-0965810 Applied For: Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KOHLHOFER, JOHN
117 GUMBO LIMBO
ISLAMORADA, FL 33036

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WALSH, BILL	
STREET ADDRESS	GUMBO LIMBO RD.	
CITY-ST-ZIP	ISLAMORADA, FL 33036	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BALL, DENNIS	
STREET ADDRESS	GUMBO LIMBO	
CITY-ST-ZIP	ISLAMORADA, FL 33036	
TITLE	T	<input type="checkbox"/> Delete
NAME	HARRIS, ANNE	
STREET ADDRESS	109 PIPPIN DR	
CITY-ST-ZIP	ISLAMORADA, FL 33036	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DIPALOL, FRANCINE	
STREET ADDRESS	126 GUMBO LIMBO ROAD	
CITY-ST-ZIP	ISLAMORADA, FL 33036	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	O'CATHY, JERRY	
STREET ADDRESS	109 GUMBO LIMBO ROAD	
CITY-ST-ZIP	ISLAMORADA, FL 33036	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Terry Causey P	
STREET ADDRESS	99 PIPPIN DR.	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Valerie Schimmelman S	
STREET ADDRESS	101 PIPPIN DR	
CITY-ST-ZIP	ISLAMORADA FL 33036	
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: Anne Harris Treasurer 2/12/04 305664-0780
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #