


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90259 037 ***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	
2. Principal Place of Business 121 PIPPIN DRIVE		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ISLAMORADA, FLORIDA		City & State	
Zip 33036	Country USA	Zip	Country
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 PEDERSEN, LOUISE Street Address (P.O. Box Number is Not Acceptable) 121 PIPPIN DRIVE 121 PIPPIN DRIVE City ISLAMORADA FL Zip Code 33036	
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 <i>Louise Pedersen</i> SECRETARY APRIL 20, 2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	D WALSH, BILL GUMBO LIMBO RD. ISLAMORADA, FL 33036 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P UPCHURCH, HCEYDE 125 GUMBO LIMBO ROAD ISLAMORADA, FL 33036 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BALL, DENNIS GUMBO LIMBO ISLAMORADA, FL 33036 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOWERS, ANDREW 133 PIPPIN DRIVE ISLAMORADA, FL 33036 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARRIS, ANNE 109 PIPPIN DR ISLAMORADA, FL 33036 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEDERSEN, LOUISE 121 PIPPIN DRIVE ISLAMORADA, FL 33036 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAUSEY, TERRY 99 PIPPIN DR ISLAMORADA, FL 33036 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KOVAL, MARK 110 GUMBO LIMBO RD ISLAMORADA, FL 33036 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHIMMELMAN, VALERIE 101 PIPPIN DR. ISLAMORADA, FL 33036 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEIN, MARYBETH 113 PIPPIN DRIVE ISLAMORADA, FL 33036 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Louise Pedersen</i> LOUISE PEDERSEN <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/20/05 305-852-7690 <small>Date Daytime Phone #</small>	
		SECRETARY	