


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90143 036 ***150.00

DOCUMENT # 174188			
1. Entity Name BAYRIDGE CORPORATION			
Principal Place of Business 121 PIPPIN DRIVE ISLAMORADA, FL 33036-3113		Mailing Address P.O. BOX 1146 ISLAMORADA, FL 33036	
2. Principal Place of Business - No P.O. Box # 125 GUMBO LIMBO RD		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ISLAMORADA, FLORIDA		City & State	
Zip 33036	Country MONROE	Zip	Country
6. Name and Address of Current Registered Agent PEDERSEN, LOUISE 121 PIPPIN DRIVE ISLAMORADA, FL 33036		7. Name and Address of New Registered Agent Name UPCHURCH, CLYDE Street Address (P.O. Box Number is Not Acceptable) 125 GUMBO LIMBO ROAD 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		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 UPCHURCH, CLYDE 125 GUMBO LIMBO ROAD ISLAMORADA, FL 33036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JEROLD O'CATHEY. 33036 109 Gumbo Limbo Rd, Islamorada, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TREASURER <input type="checkbox"/> Delete PORTER, VIC 112 PIPPIN DRIVE ISLAMORADA, FL 33036	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STONE, PATRICIA 109 PIPPIN DRIVE ISLAMORADA, FL 33036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete PEDERSEN, LOUISE 121 PIPPIN DRIVE ISLAMORADA, FL 33036	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete KOVAL, MARK 110 GUMBO LIMBO RD ISLAMORADA, FL 33036	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PORTER, VICTOR 112 PIPPIN DRIVE ISLAMORADA, FL 33036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete KLEINE, MARYBETH 113 PIPPIN DRIVE ISLAMORADA, FL 33036	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 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: <i>Clyde Upchurch</i>		Date 3-1-07 Daytime Phone # 305 664 9653	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

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4. FEI Number **59-0965810** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required