


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90102 024 \*\*\*150.00

**DOCUMENT # 174188**

1. Entity Name  
**BAYRIDGE CORPORATION**



Principal Place of Business  
**125 GUMBO LIMBO RD  
 ISLAMORADA, FL 33036**

Mailing Address  
**P.O. BOX 1146  
 ISLAMORADA, FL 33036**

**DO NOT WRITE IN THIS SPACE**



04212008 No Chg-P CR2E034 (11/05)

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

**UPCHURCH, CLYDE  
 125 GUMBO LIMBO ROAD  
 ISLAMORADA, FL 33036**

**DO NOT WRITE IN THIS SPACE**

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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P UPCHURCH, CLYDE 125 GUMBO LIMBO ROAD ISLAMORADA, FL 33036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PORTER, VICTOR 112 PIPPIN DRIVE ISLAMORADA, FL 33036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'CATHEY, JEROLD 109 GUMBO LIMBO RD ISLAMORADA, FL 33036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KOVAL, MARK 110 GUMBO LIMBO RD ISLAMORADA, FL 33036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STONE, PATRICIA 109 PIPPIN DRIVE ISLAMORADA, FL 33036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOAN TEACH 122 PIPPIN DR. ISLAMORADA FL

**DO NOT WRITE IN THIS SPACE**

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: VICTOR B. PORTER **TREASURER** 4-21-2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

305-393-1824