

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 339543**

1. Entity Name  
**BAY PLASTERING CO INC**



Principal Place of Business  
**1712 LEMON ST  
TAMPA, FL 33606**

Mailing Address  
**1712 LEMON ST  
TAMPA, FL 33606**

**DO NOT WRITE IN THIS SPACE**



01262004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-1260896**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BYRD, JULIAN H  
2501 W TYSON AVE  
TAMPA, FL 33611**

**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

Signature, typed or printed name of registered agent and title if applicable.

(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**

U000000133938  
04/27/04-80106-025 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD BYRD, JULIAN H 2501 W TYSON AVE TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BYRD, ANNLYNN 2501 W TYSON AVE TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PELHAM, JAMES W. III 109 SOUTH BLVD. TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HOLLOWAY, DEBORAH 4114 W SAN JUAN STREET TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD BYRD, ROBERT H 3008 W. HAWTHORNE RD TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** *Deborah Holloway* **Deborah Holloway**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/04 (813) 251-8471**

Date

Daytime Phone #