

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 340743

1. Entity Name
BAY FARMS CORPORATION



Principal Place of Business
**3727 S W 95TH AVENUE-ROAD
OCALA, FL 32674-1430**

Mailing Address
**P.O. BOX 25077
TAMPA, FL 33623-5077 US**

DO NOT WRITE IN THIS SPACE



03012006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1273936

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STALLINGS, NORMAN JR.
LEGENDS FIELD
ONE STEINBRENNER DR.
TAMPA, FL 33614**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME STEINBRENNER III, GM
STREET ADDRESS 1 STEINBRENNER DRIVE
CITY-ST-ZIP TAMPA, FL 33614

TITLE VD
NAME STEINBRENNER, HENRY G
STREET ADDRESS 1 STEINBRENNER DRIVE
CITY-ST-ZIP TAMPA, FL 33614

TITLE T
NAME BRUNO, ANTHONY
STREET ADDRESS 1 STEINBRENNER DRIVE
CITY-ST-ZIP TAMPA, FL 33614

TITLE S
NAME STALLINGS, NORMAN JR
STREET ADDRESS 1 STEINBRENNER DRIVE
CITY-ST-ZIP TAMPA, FL 33614

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Norman Stallings, Jr. Norman Stallings, Jr. 4/25/06 (013)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 673-3103