

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 340743

FILED  
Mar 31, 2009  
Secretary of State

Entity Name: BAY FARMS CORPORATION

## Current Principal Place of Business:

3727 S W 95TH AVENUE-ROAD  
OCALA, FL 326741430

## New Principal Place of Business:

## Current Mailing Address:

1 STEINBRENNER DRIVE  
TAMPA, FL 33614 US

## New Mailing Address:

FEI Number: 59-1273936

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: STEINBRENNER III, GM  
Address: 1 STEINBRENNER DRIVE  
City-St-Zip: TAMPA, FL 33614

Title: VD ( ) Delete  
Name: STEINBRENNER, HENRY G  
Address: 1 STEINBRENNER DRIVE  
City-St-Zip: TAMPA, FL 33614

Title: T ( ) Delete  
Name: BRUNO, ANTHONY  
Address: 1 STEINBRENNER DRIVE  
City-St-Zip: TAMPA, FL 33614

Title: S ( ) Delete  
Name: STALLINGS, NORMAN JR  
Address: 1 STEINBRENNER DRIVE  
City-St-Zip: TAMPA, FL 33614

Title: VD ( ) Delete  
Name: STEINBRENNER, JESSICA J  
Address: 1 STEINBRENNER DRIVE  
City-St-Zip: TAMPA, FL 33614

Title: V ( ) Delete  
Name: ADLER, KEVIN A  
Address: 1 STEINBRENNER DRIVE  
City-St-Zip: TAMPA, FL 33614

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN STALLINGS, JR.

S

03/31/2009

Electronic Signature of Signing Officer or Director

Date