


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2007 08:00 A
Secretary of State

DOCUMENT # 431041 1. Entity Name BAYSHORE ELECTRONICS, INC.	
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Principal Place of Business 7218 BROUGHTON STREET SARASOTA, FL 34243	Mailing Address 7218 BROUGHTON STREET SARASOTA, FL 34243
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02142007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1492581	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MCGOUGAN, GERALD
7218 BROUGHTON ST
SARASOTA, FL 34243**

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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV MCGOUGAN, GERALD 7218 BROUGHTON ST SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCGOUGAN, BARBARA 7218 BROUGHTON ST SARASOTA, FL
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03/12/07-80004-025 150.00

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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: *Barbara McGoogan* Sec. 2/24/07 941-355-1625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Barbara McGoogan