


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

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| DOCUMENT # 485114 1. Entity Name BAY AUTOMOTIVE AND MACHINE, INC. |  |
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| Principal Place of Business 31 COCOANUT AV E ENGLEWOOD, FL 34223 US | Mailing Address 31 COCOANUT AVE ENGLEWOOD, FL 34223 US |
|---|--|

DO NOT WRITE IN THIS SPACE

8041--0666666F&

04272005 No Chg-P CR2E034 (10/03)

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|---|--------------------------------|
| 4. FEI Number 59-1626272 | 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

MALLE, ROBERT R
31 COCONUT AVE
ENGLEWOOD, FL 34295-8257

**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)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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

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| TITLE NAME STREET ADDRESS CITY-ST- ZIP | V MALLE, PATRICIA L 31 COCONUT AVE ENGLEWOOD, FL 34223 |
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | PD MALLE, ROBERT R 31 COCONUT AVE ENGLEWOOD, FL 34223 |
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | S MALLE, PATRICIA L 31 COCOANUT AVE ENGLEWOOD, FL 34223 |
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | T MALLE, PATRICIA L 31 COCOANUT AVE ENGLEWOOD, FL 34223 |
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| TITLE NAME STREET ADDRESS CITY-ST- ZIP | |

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04/30/05-80086-016 150.00

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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: Patricia L Malle Sec/Man 4-28-05 941-716-8521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #