


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 500014	
1. Entity Name BAYSHORE INSURANCE, INC.	

Principal Place of Business 1509 - 60TH AVE., WEST BRADENTON, FL 34207-4616	Mailing Address 1509 - 60TH AVE., WEST BRADENTON, FL 34207-4616
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DO NOT WRITE IN THIS SPACE



01212005 No Chg-P CR2E034 (10/03)

4. FCI Number 59-1848210	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 ROBINSON, HELEN F. 1509 60TH AVE., W. BRADENTON, FL 34207
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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 _____ DATE _____

Signature required for all changes of office and life insurance. (Signature required when changing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PT ROBINSON, HELEN F. 1509 60TH AVE. WEST BRADENTON FL,
TITLE NAME STREET ADDRESS CITY ST ZIP	S MELTON, MARY SHANNON 1509 60TH AVE. WEST BRADENTON FL,
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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)(c), 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 another like empowered.

SIGNATURE: *Mary Shannon Melton* *Mary Shannon Melton* 1/24/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR