2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # 500014

1. Entity Name
BAYSHORE INSURANCE, INC.

Principal Place of Business	Mailing Address
1509 - 60TH AVE., WEST BRADENTON, FL 34207-4616	1509 - 60TH AVE., WEST BRADENTON, FL 34207-4616

01092006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1848210

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROBINSON, HELEN F.
1509 60TH AVE., W.
BRADENTON, FL 34207

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 _____

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	PT
NAME	ROBINSON, HELEN F.
STREET ADDRESS	1509 60TH AVE. WEST
CITY ST ZIP	BRADENTON FL,
TITLE	S
NAME	MELTON, MARY SHANNON
STREET ADDRESS	1509 60TH AVE. WEST
CITY ST ZIP	BRADENTON FL,
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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01/17/06-80010-015 150.00

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: Shannon Melton 01/12/2006 Shannon Melton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Typed or printed name