


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 500014</b> 1. Entity Name BAYSHORE INSURANCE, INC.	
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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**

01102007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1848210	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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 reappointing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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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01/12/07-80048-011 150.00

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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: Helen Robinson 1-10-07 941-755-3701  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Helen Robinson