2006 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #693807

1. Entity Name BAYLINE INSURANCE & FINANCIAL SERVICES, INC.



Principal Place of Business

1207 W LINEBAUGH AVE TAMPA, FL 33612 US Mailing Address

1207 W LINEBAUGH AVENUE TAMPA, FL 33612

FILED Apr 05, 2006 08:00 AM Secretary of State

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No Chg-P CR2E034 (11/05) 01092006 Applied For 4. FEI Number 59-2117815 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

813-932-0645

8. Name and Address of Current Registered Agent

STANG, ROBERT A. 1207 WEST LINEBAUGH AVE. TAMPA, FL 33612

DO NOT WRITE IN THIS SPACE

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|--|---|---|--|---|---|---|--|
| 8. The above the obligat SIGNATURE | named entitic submits this statement for the planet of majoritation agent. OBERT Stordium. Naced or printed name of registered accent and title | SANG | . <u>.</u> | egistered agent, or b | oth, in the State of Flo | orida. I am familiar with | , and accept |
| | Official (New Or burnist) there of sedimented affects as a line | - opposite | | | -, | | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 | Election Campaign Finant Trust Fund Contribution. | cing 🔲 | \$5.00 May Be Added to Fees | U0000 04/19/06 | 0492852 -80082-005 1 | 50.00 |
| 10. | OFFICERS AND DIREC | CTORS | | | : | | |
| TATLE HAME STREET ADDRESS CITY-ST-ZIP | PD STANG, ROBERT A 13910 THOROUGHBRED DRIVE DADE CITY, FL 33525 | | 1. ***. | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | |
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| 12. I hereby of indicated of the corchanged. | pertity that the information supplied with this fi on this report or amplemental report is true a poration or the feether of trustee empower or on an attachment with an address, with a | iling does not qualify for the exe and accurate and that my signate to execute this report as require to other like empowered. | mptions cor ure shall haved ed by Chap | ntained in Chapter 1 ve the same legal efforter 607, Florida Statu | 19, Florida Statutes, I ect as if made under o les, and that my nam | further certify that the trath; that I am an office appears in Block 10 c | nformation r or director r Block 11 if |

KOBERT STANG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR