


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 01, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 695787</b> 1. Entity Name BAY COLOR LAB, INC.	
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Principal Place of Business 523 SOUTH MAC DILL AVENUE TAMPA, FL 33609	Mailing Address 523 SOUTH MAC DILL AVENUE TAMPA, FL 33609
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**DO NOT WRITE IN THIS SPACE**



07072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2171846	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
SMITH, LEONARD A.  
3312 SAN LUIS STREET  
TAMPA, FL 33629

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000171357 09/01/04-80003-009 550.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, LEONARD A. 3312 SAN LUIS STREET TAMPA, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST SMITH, KATHLEEN A. 3312 SAN LUIS STREET TAMPA, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, KATHLEEN A. 3312 SAN LUIS STREET TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, SHERMAN A 12228 BOYETTE RD RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, STACY A 3312 SAN LUIS ST TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, SHERRY E 12228 BOYETTE RD RIVERVIEW, FL 33569

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Kathleen A Smith Kathleen A Smith 8/30/04 813-870-0001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #