2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 06, 2005 8:00 am
Secretary of State
08-05-2005 90001 009 ***150.00

DOCUMENT # 695787

1. Entity Name
BAY COLOR LAB, INC.

66026860

Principal Place of Business	Mailing Address
523 SOUTH MAC DILL AVENUE TAMPA FL 33609	523 SOUTH MAC DILL AVENUE TAMPA FL 33609

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
523 S. Mac Dill Av.	523 S. MacDill
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Tampa, Fl	
City & State	City & State: Tampa, Fl 33609
Zip: 33609 Country: USA	Zip: 33609 Country: USA

4. FEI Number: 59-2171846 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH, LEONARD A. 3312 SAN LUIS STREET TAMPA FL 33629	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mail-filing)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SMITH, LEONARD A. 3312 SAN LUIS STREET TAMPA, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VST SMITH, KATHLEEN A. 3312 SAN LUIS STREET TAMPA, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, KATHLEEN A. 3312 SAN LUIS STREET TAMPA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, SHERMAN A 12228 BOYETTE RD RIVERVIEW FL 33569	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAYLOR, STACY A 3312 SAN LUIS ST TAMPA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, SHERRY E 12228 BOYETTE RD RIVERVIEW FL 33569	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Leonard Smith Leonard Smith 7-1-05 813 870-2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT 66026860
#695787

To whom it may concern,

Bay Color has never received a postcard in January 2005.

I spoke to someone on the phone about this matter, they told me to send this letter to you with report.

I would appreciate you understandings in this matter.

Thank You
Kathleen A Smith