2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 695787

1. Entity Name
BAY COLOR LAB, INC.

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

DO NOT WRITE IN THIS SPACE

01092006 No Chg-P CR2E034 (11/05)

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

SMITH, LEONARD A.
3312 SAN LUIS STREET
TAMPA, FL 33629

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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 reinstating)

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

U00000443582
03/06/06-80016-001 150.00

10. OFFICERS AND DIRECTORS

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

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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: Kathleen Smith 02/15/06 813-880001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #