


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90234 050 ****61.25

DOCUMENT # 703347 1. Entity Name BAY FOUR INC					
Principal Place of Business 8000 EAST DRIVE 318 NORTH BAY VILLAGE, FL 33141 US			Mailing Address 8000 EAST DRIVE 318 NORTH BAY VILLAGE, FL 33141		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 8020 EAST DR #215 100 Suite, Apt. #, etc.			
City & State		City & State NORTH BAY VILLAGE, FL			
Zip 33141	Country USA	4. FEI Number 59-2258510		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SANDS, ROBERT 8020 EAST DR #215 N BAY VILLAGE, FL 33141			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GIUDICI, GERRY 8010 G DR #208 N. BAY VILLAGE, FL 33141		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PASQUALE, VERONE 80000 EAST DR #306 N. BAY VILLAGE, FL 33141		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AHR, PAUL R 8020 E DR #317 N. BAY VILLAGE, FL 33141		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HART, JOHN 8000 EAST DR., #202 N BAY VILLAGE, FL 33141		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TONY STASHAK 8000 EAST DR. #207 N BAY VILLAGE, FL 33141	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRANK PINGITORE 8010 EAST DR. #312 N. BAY VILLAGE, FL 33141	
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 617, 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: <u>Gerry Giudici</u> GERRY GIUDICI <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/14/06 305/756-7813 <small>Date Daytime Phone #</small>		