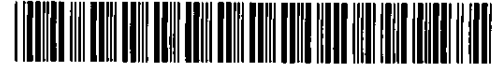


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # F00000002389	
1. Entity Name BAYPLAS1, INC.	
Principal Place of Business 290 COCOANUT AVE SUITE 1A SARASOTA, FL 34236	Mailing Address 290 COCOA NUT AVE SUITE 1A SARASOTA, FL 34236



03062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2200530	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

SCHAEFER, MICHAEL J
290 COCOANUT AVE
SUITE 1A
SARASOTA, FL 34236

**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

MICHAEL J SCHAEFER

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/7/08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000852630
03/26/08-80039-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCHAEFER, MICHAEL J
STREET ADDRESS	290 COCOANUT AVE SUITE 1A
CITY - ST - ZIP	SARASOTA, FL 34236
TITLE	C
NAME	CURD, HOWARD R
STREET ADDRESS	290 COCOANUT AVE SUITE 1A
CITY - ST - ZIP	SARASOTA, FL 34236
TITLE	T
NAME	SCHAEFER, KATHLEEN
STREET ADDRESS	290 COCOANUT AVE SUITE 1A
CITY - ST - ZIP	SARASOTA, FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/08

Date

941-946-8580

Daytime Phone #