

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004307

Entity Name: BAYA CORPORATION

FILED
Apr 30, 2005
Secretary of State

Current Principal Place of Business:

2045 S TAMiami TRAIL
VENICE, FL 34293

New Principal Place of Business:

Current Mailing Address:

PO BOX 1844
VENICE, FL 34284

New Mailing Address:

FEI Number: 16-1622428

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LUCHS, BARRY
437 LAKE OF THE WOODS DRIVE
VENICE, FL 34293 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: LUCHS, BARRY
Address: 437 LAKE OF THE WOODS DRIVE
City-St-Zip: VENICE, FL 34293

Title: VCVP () Delete
Name: LUCHS, ERIC
Address: 301 N WASHINGTON ST
City-St-Zip: YPSILANTI, MI 48197

Title: DT () Delete
Name: LUCHS, SUZANNE
Address: 437 LAKE OF THE WOODS DRIVE
City-St-Zip: VENICE, FL 34293

Title: DS () Delete
Name: HAHN, GARY
Address: 709 W. HURON STE. 200
City-St-Zip: ANN ARBOR, MI 48103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUZANNE D LUCHS

DT

04/30/2005

Electronic Signature of Signing Officer or Director

Date