

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005174

FILED  
Mar 29, 2006  
Secretary of State

Entity Name: DAVIS, BAY ISLES PROPERTY CORPORATION

**Current Principal Place of Business:**

5155 FINANCIAL WAY  
MASON, OH 45040

**New Principal Place of Business:**

**Current Mailing Address:**

5155 FINANCIAL WAY  
MASON, OH 45040

**New Mailing Address:**

FEI Number: 31-1802313

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR, SUITE 4  
WESTON, FL 33331 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: VP ( ) Delete  
Name: DAVIS, JARED A  
Address: 5155 FINANCIAL WAY  
City-St-Zip: MASON, OH 45040

Title: DT ( ) Delete  
Name: DEAN, ROGER W  
Address: 5155 FINANCIAL WAY  
City-St-Zip: MASON, OH 45040

Title: P ( ) Delete  
Name: DAVIS, A. DAVID  
Address: 5155 FINANCIAL WAY  
City-St-Zip: MASON, OH 45040

Title: S ( ) Delete  
Name: SCHALLER, STEPHEN J  
Address: 5155 FINANCIAL WAY  
City-St-Zip: MASON, OH 45040

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VD (X) Change ( ) Addition  
Name: DAVIS, JARED A  
Address: 5155 FINANCIAL WAY  
City-St-Zip: MASON, OH 45040

Title: TD (X) Change ( ) Addition  
Name: DEAN, ROGER W  
Address: 5155 FINANCIAL WAY  
City-St-Zip: MASON, OH 45040

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 Chapter 119, 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: STEPHEN J. SCHALLER

S

03/29/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date