

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90017 028 \*\*\*150.00

**DOCUMENT # F16276**

1. Entity Name  
**BAY INSURORS CORPORATION**



Principal Place of Business  
26236 STATE ROAD 54  
LUTZ, FL 33549 US

Mailing Address  
PO BOX 7710  
WESLEY CHAPEL, FL 33544-7710 US

2. Principal Place of Business

*26236 Wesley Chapel Bl*

3. Mailing Address

Suite, Apt. #, etc.



01262004

Chg-P

CR2E034 (10/03)

City & State

*Lutz, FL*

City & State

4. FEI Number

**59-2057491**

Applied For

Not Applicable

Zip *33559*

Country *Pasco*

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WREN, ELSIE L.**  
26236 STATE ROAD 54  
LUTZ, FL 33559

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00 -**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **D DALSON, WILLIAM**  
STREET ADDRESS **35237 JANINE DR**  
CITY-ST-ZIP **ZEPHYRHILLS, FL 33541**

TITLE ☐ Delete  
NAME **V DALSON, EVELYN**  
STREET ADDRESS **35237 JANINE DR**  
CITY-ST-ZIP **ZEPHYRHILLS, FL 33541**

TITLE ☐ Delete  
NAME **ST YOUNG, BRYAN TODD**  
STREET ADDRESS **4051 RED FOX CT**  
CITY-ST-ZIP **ZEPHYRHILLS, FL 33543**

TITLE ☐ Delete  
NAME **P YOUNG, CYNTHIA L**  
STREET ADDRESS **4051 RED FOX CT**  
CITY-ST-ZIP **ZEPHYRHILLS, FL 33543**

TITLE ☐ Delete  
NAME **D WREN, ELSIE L**  
STREET ADDRESS **35237 JANINE DR**  
CITY-ST-ZIP **ZEPHYRHILLS, FL 33541**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN:11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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

Date

Daytime Phone #

*Cynthia L. Young*

*1/27/04*

*8139073990*