

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90002 036 ***150.00

DOCUMENT # F16276 1. Entity Name BAY INSURORS CORPORATION					
Principal Place of Business 636 WESLEY CHAPEL BLVD. LUTZ, FL 33559 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.				Suite, Apt. #, etc.	
City & State Lutz FL				City & State	
Zip 33559				Country US	
Zip				Country	
4. FEI Number 59-2057491				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 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) 26236 Wesley Chapel Bl City Lutz FL Zip Code 33559	
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) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALSON, WILLIAM 35237 JANINE DR ZEPHYRHILLS, FL 33541 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DALSON, EVELYN 35237 JANINE DR ZEPHYRHILLS, FL 33541 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST YOUNG, BRYAN TODD 4051 RED FOX CT ZEPHYRHILLS, FL 33543 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YOUNG, CYNTHIA L 4051 RED FOX CT ZEPHYRHILLS, FL 33543 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WREN, ELSIE L 35237 JANINE DR ZEPHYRHILLS, FL 33541 <input type="checkbox"/> Delete		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Cynthia L Young</u> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/4/05 813 907 3990 <small>Date Daytime Phone #</small>		

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