2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F52529

Entity Name: BAYSIDE UNDERWRITERS INSURANCE AGENCY, INC.

FILED Apr 12, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
BUILDING	SCENT PARK D B V, FL 33569	DRIVE US						
Current Mailing Address:				New Mailing Address:				
6300 WILSON MILLS RD					4030 CRESCENT PARK DRIVE			
MAYFIELD VILLAGE, OH 44143 US					BUILDING B RIVERVIEW, FL 33569 US			
FEI Number:	59-2179894	FEI Numi	ber Applied For ()	FEI Nun	nber Not Appli	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 US								
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	Signatu	re of Registered Agen	t			Date	
Election Campaign Financing Trust Fund Contribution ().								
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	D () E FORRESTER, W 6300 WILSON M MAYFIELD VILLA	ILLS RD			Title: Name: Address: City-St-Zip:	BASCH, JEFF	ENT PARK DRIVE, BUILDING B	
Title: Name: Address: City-St-Zip:	V ()E BASCH, JEFFRE 6300 WILSON M MAYFIELD VILLA	ILLS RD.	.4143 US		Title: Name: Address: City-St-Zip:	DOMECK, BR	ENT PARK DRIVE, BUILDING B	
Title: Name: Address: City-St-Zip:	S ()E SHRALLOW, DAI 6300 WILSON M MAYFIELD VILLA	ILLS RD.	4143 US		Title: Name: Address: City-St-Zip:	SHRALLOW, I	ENT PARK DRIVE, BUILDING B	
Title: Name: Address: City-St-Zip:	T () E KING, THOMAS A 6300 WILSON M MAYFIELD VILLA	ILLS RD.	4143 US		Title: Name: Address: City-St-Zip:	KING, THOMA	ENT PARK DRIVE, BUILDING B	
Title: Name: Address: City-St-Zip:	P () E FORRESTER, W 6300 WILSON M MAYFIELD VILLA	ILLS RD			Title: Name: Address: City-St-Zip:	KUSMER, JAN	ENT PARK DRIVE, BUILDING B	
Title: Name: Address: City-St-Zip:	V () [JARRETT, CHAR 6300 WILSON M MAYFIELD VILLA	ILLS RD	14143 US		Title: Name: Address: City-St-Zip:	JARRETT, CH	ENT PARK DRIVE, BUILDING B	

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: BRIAN C. DOMECK P 04/12/2007