

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # F93000005291

1. Entity Name

BAY WEST INSURANCE AGENCY, INC.



RECEIVED

JAN 28 2005

BY:



1st MOORE

CR2E034 (10/04)

Principal Place of Business
7901 4TH STREET NORTH
STE 220
ST. PETERSBURG FL 33702
US

Mailing Address
7901 4TH STREET NORTH
STE 220
ST. PETERSBURG FL 33702
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number 35-1903725
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BALKAN, THOMAS J
7901 4TH ST N
SUITE 200
ST PETERSBURG FL 33702

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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CD ☐ Delete
NAME WALL, KARL J
STREET ADDRESS 700 1ST AVE SOUTH
CITY-ST-ZIP TIERRA VERDE FL 33715

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
000000305449
04/14/05-80084-015 150.00

TITLE PTD ☐ Delete
NAME MCNALLY, JOSEPH W
STREET ADDRESS 830 PINELLAS BAY WAY S
CITY-ST-ZIP TIERRA VERDE FL 33715

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

TITLE VD ☐ Delete
NAME READ, WAYNE
STREET ADDRESS 10901 BRIGHTON BAY BLVD
CITY-ST-ZIP SAINT PETERSBURG FL 33716

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

TITLE VD ☐ Delete
NAME REINKING, LINDA L
STREET ADDRESS 2218 BIRCHBARK TRAIL
CITY-ST-ZIP CLEARWATER FL 34623

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

TITLE VS ☐ Delete
NAME BALKAN, THOMAS J
STREET ADDRESS 7233 DANBURY WAY
CITY-ST-ZIP CLEARWATER FL 33764

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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:

Thomas J. Balkan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/05/05

727-577-3771 ext 270