

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F93000005291

1. Entity Name

BAY WEST INSURANCE AGENCY, INC.



**RECEIVED
FILED**
APR 19, 2007 08:00 AM
BY: Secretary of State

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

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

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

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, 2007 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

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

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

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

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

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

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME: U000000717940
STREET ADDRESS: 05/01/07-80002-005 150.00
CITY- ST- ZIP:

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

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NAME:
STREET ADDRESS:
CITY- ST- ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 other like empowered.

SIGNATURE:

Joseph W. McNally
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/07

727-577-3771

Date

Daytime Phone #