


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2005 08:00 AM
Secretary of State

DOCUMENT # F93000005764 1. Entity Name GP BAYHEAD CORP.	
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Principal Place of Business SUITE 300 280 DAINES STREET BIRMINGHAM, MI 48009	Mailing Address SUITE 300 280 DAINES STREET BIRMINGHAM, MI 48009
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DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 38-3152186	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RINES, MILTON
15235 S TAMiami TRAIL
FT MYERS, FL 33908

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IN THIS SPACE**

6. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZLOTOFF, PAUL M 280 DAINES STREET, SUITE 300 BIRMINGHAM, MI 48009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SOBERMAN, CHARLES A 280 DAINES #300 BIRMINGHAM, MI 48009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISS, ARTHUR 280 DAINES STREET SUITE 300 BIRMINGHAM, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZLOTOFF, ROGER 280 DAINES STREET, SUITE 300 BIRMINGHAM, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCWARTZ, JOEL 280 DAINES STREET, SUITE 300 BIRMINGHAM, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHWARTZ, JOEL 280 DAINES STREET, SUITE 300 BIRMINGHAM, MI

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03/08/05-80019-011 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Joel Schwartz (248) 645-9220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

3/3/05