

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # F98000001259

1. Entity Name
BAYER CLOTHING GROUP, INC.



Principal Place of Business
**8912 CLEARFIELD CURWENSVILLE HWY
CLEARFIELD, PA 16830**

Mailing Address
**8912 CLEARFIELD CURWENSVILLE HWY
CLEARFIELD, PA 16830**



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
25-1037997

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HOLDER, RUSSELL C
1481 SOUTH 6TH STREET
MACCLENNY, FL 32063**

**DO NOT WRITE
IN THIS SPACE**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000584934
01/12/07-80060-003 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAYER, ROBERT I 50 W 57TH ST, FLR 12A NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROY, HOWARD P ONE NORTH LEXINGTON AVE WHITE PLAINS, NY 10601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LOOBY, PHILIP P 50 W 57TH ST, FLR 12A NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Philip P. Looby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Philip P. Looby Date **1/9/07** Daytime Phone # **(814) 765-7521**