

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # F98528 1. Entity Name BAY EQUIPMENT & SUPPLY, INC.	
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Principal Place of Business 5302 W CRENSHAW TAMPA, FL 33634	Mailing Address 5302 W CRENSHAW TAMPA, FL 33634
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DO NOT WRITE IN THIS SPACE



03102005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2231928	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DIMARIA, JOHN A.
5302 W CRENSHAW
TAMPA, FL 33634**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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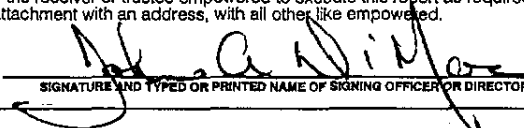
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DIMARIA, MARY F 4201 HARTWOOD LN TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DIMARIA, DOMINIC W 4201 HARTWOOD LN TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIMARIA, JOHN A 4222 GOLF CLUB LANE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/24/05-80013-009 150.00

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IN THIS SPACE**

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:  **3-21-05 (813) 886-1121**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #