

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2006 8:00 am**  
**Secretary of State**

04-25-2006 90103 015 \*\*\*150.00

**DOCUMENT # F99000000755**

1. Entity Name  
**BAY BREEZE FARMS, INC.**



Principal Place of Business  
**316 BARTOW AIRPORT  
BARTOW, FL 33830**

Mailing Address  
**316 BARTOW AIRPORT  
BARTOW, FL 33830**

40061500



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212006

Chg-P

CR2E034 (11/05)

4. FEI Number  
**59-3536742**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**NETZER, EVIN L  
316 BARTOW MUNICIPAL AIRPORT  
BARTOW, FL 33830-8727**

## 7. Name and Address of New Registered Agent

Name **Robert Livengood**  
Street Address (P.O. Box Number is Not Acceptable)  
**316 Bartow Municipal Airport**  
City **Bartow** **FL** Zip Code **33830-8727**

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 **Robert Livengood**

**4/21/06**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **HJERSTED, LAWRENCE**  
STREET ADDRESS **316 BARTOW AIRPORT**  
CITY-ST-ZIP **BARTOW, FL**

TITLE **S** ☒ Delete  
NAME **MARKER, JOHN**  
STREET ADDRESS **316 BARTOW AIRPORT**  
CITY-ST-ZIP **BARTOW, FL**

TITLE **T** ☒ Delete  
NAME **BRITT, DAN**  
STREET ADDRESS **406 ANDERSON DR**  
CITY-ST-ZIP **AUBURNDAL, FL 33823**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **S** ☒ Change ☐ Addition  
NAME **Robert Livengood**  
STREET ADDRESS **316 Bartow Municipal Airport**  
CITY-ST-ZIP **Bartow, FL 33830-8727**

TITLE **T** ☒ Change ☐ Addition  
NAME **Robert Livengood**  
STREET ADDRESS **3624 Cord Grass Dr**  
CITY-ST-ZIP **Valrico, FL 33594-9255**

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

TITLE ☐ Change ☐ Addition  
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 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:

**Robert Livengood**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/21/06**

Date

**863-533-5990**

Daytime Phone #