

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90115 031 ***158.75

DOCUMENT # G25108

1. Entity Name

BAYSIDE BUILDERS, INC.



Principal Place of Business

5551 RIDGEWOOD DR
SUITE 203
NAPLES FL 33963
US

Mailing Address

5551 RIDGEWOOD DR
SUITE 203
NAPLES FL 33963
US



2. Principal Place of Business

800 Laurel Oak Dr.

3. Mailing Address

800 Laurel Oak Dr.

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State

Naples FL 3

City & State

Naples FL

Zip

34108

Country

USA

Zip

34108

Country

USA

1st MOORE

CR2E034 (10/04)

4. FEI Number

59-2257452

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHARPE, KEITH A
5551 RIDGEWOOD DR STE 203
NAPLES FL 34108

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

800 Laurel Oak Dr.

Suite 300

City Naples

FL

Zip Code

34108

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, 2005 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 DT ☐ Delete
NAME CORACE, RICHARD, F
STREET ADDRESS 5551 RIDGEWOOD DR
CITY-ST-ZIP NAPLES FL

TITLE VSD ☐ Delete
NAME GRIFFIN, GERALD F., II
STREET ADDRESS 5551 RIDGEWOOD DR
CITY-ST-ZIP NAPLES FL

TITLE PDVS ☐ Delete
NAME SHARPE, KEITH A
STREET ADDRESS 5551 RIDGEWOOD DR SUITE 203
CITY-ST-ZIP NAPLES FL

TITLE V ☐ Delete
NAME FARNSWORTH, DUNCAN
STREET ADDRESS 5551 RIDGEWOOD DR SUITE 203
CITY-ST-ZIP NAPLES FL

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 800 Laurel Oak Dr. ☒ Change ☐ Addition
NAME Suite 300
STREET ADDRESS Naples FL 34108
CITY-ST-ZIP

TITLE 800 Laurel Oak Dr. ☒ Change ☐ Addition
NAME Suite 300
STREET ADDRESS Naples FL 34108
CITY-ST-ZIP

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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/05