


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # G25108 1. Entity Name BAYSIDE BUILDERS, INC.	
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Principal Place of Business 800 LAUREL OAK DR. SUITE 300 NAPLES, FL 34108 US	Mailing Address 800 LAUREL OAK DR. SUITE 300 NAPLES, FL 34108 US
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DO NOT WRITE IN THIS SPACE



02012007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2257452	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHARPE, KEITH A
800 LAUREL OAK DR.
SUITE 300
NAPLES, FL 34108

**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 _____ 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, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CORACE, RICHARD, F 800 LAUREL OAK DR. SUITE 300 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GRIFFIN, GERALD F., II 800 LAUREL OAK DR. SUITE 300 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDVS SHARPE, KEITH A 800 LAUREL OAK DR. SUITE 300 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FARNSWORTH, DUNCAN 800 LAUREL OAK DR. NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/23/07-80034-017 158.75

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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:  **3/6/07** **839-566-2800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #