


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 08:00 AM
Secretary of State

DOCUMENT # G27908
 1. Entity Name
 BAY COAST REAL ESTATE, INC.



Principal Place of Business
 17105 EQUESTRIAN TRL
 ODESSA, FL 33556 US

Mailing Address
 POB 933
 ODESSA, FL 33556 US

DO NOT WRITE IN THIS SPACE



03122008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2302028	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHANBERG, MARC D
 17105 EQUESTRIAN TRAIL
 ODESSA, FL 33556

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 reconstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	D SHANBERG, MARC D 17105 EQUESTRIAN TRL ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SUTER, MARCIA L 8506 N HYALEAH RD TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 08/03/08-80015-014 150.00

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: *Marc D. Shanberg*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *4/26/08* Daytime Phone #: *813-926-2163*