


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # H22555 1. Entity Name BAY INSURANCE AGENCY, INC.	
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Principal Place of Business 6422 HIGHWAY 90 MILTON, FL 32570 US	Mailing Address 6422 HWY 90 MILTON, FL 32570 US
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04212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MEINSCHER, GORDON O. 6422 HWY 90 MILTON, FL 32570

**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 Gordon O. Meinscher DATE 4-21-04
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	P MEINSCHER, GORDON O 6422 HWY 90 MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MEINSCHER, ELLEN DENISE 6422 HWY 90 MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOEFT, JESSICA 6422 HIGHWAY 90 MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOEFT, SCOTT 6422 HIGHWAY 90 MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/05/06-80030-019 150.00

**DO NOT WRITE
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: Jessica Hoeft DATE 4-21-06 850-623-8092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR