# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 16, 2007**
**Secretary of State**

DOCUMENT# H22555

**Entity Name:** BAY INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

6422 HIGHWAY 90
MILTON, FL 32570 US

**New Principal Place of Business:**

6408 HIGHWAY 90
SUITE 1
MILTON, FL 32570 US

**Current Mailing Address:**

6422 HWY 90
MILTON, FL 32570 US

**New Mailing Address:**

6408 HWY 90
SUITE 1
MILTON, FL 32570 US

**FEI Number: 59-2452369** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MEINSCHER, ELLEN D P
6408 HWY 90
SUITE 1
MILTON, FL 32570 US

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.

SIGNATURE: ELLEN DENISE MEINSCHER 01/16/2007
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: MEINSCHER, GORDON O
Address: 6422 HWY 90
City-St-Zip: MILTON, FL 32570

Title: V ( ) Delete
Name: MEINSCHER, ELLEN DENISE
Address: 6422 HWY 90
City-St-Zip: MILTON, FL 32570

Title: S ( ) Delete
Name: HOEFT, JESSICA
Address: 6422 HIGHWAY 90
City-St-Zip: MILTON, FL 32570 US

Title: T ( ) Delete
Name: HOEFT, SCOTT
Address: 6422 HIGHWAY 90
City-St-Zip: MILTON, FL 32570 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: MEINSCHER, ELLEN D
Address: 6408 HWY 90 SUITE 1
City-St-Zip: MILTON, FL 32570

Title: V (X) Change ( ) Addition
Name: MEINSCHER, ELLEN DENISE
Address: 6408 HWY 90 SUITE 1
City-St-Zip: MILTON, FL 32570

Title: S (X) Change ( ) Addition
Name: HOEFT, JESSICA
Address: 6408 HIGHWAY 90 SUITE 1
City-St-Zip: MILTON, FL 32570 US

Title: T (X) Change ( ) Addition
Name: HOEFT, SCOTT
Address: 6408 HIGHWAY 90 SUITE 1
City-St-Zip: MILTON, FL 32570 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLEN D. MEINSCHER P 01/16/2007
Electronic Signature of Signing Officer or Director Date