

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H32485

FILED
Apr 23, 2010
Secretary of State

Entity Name: BAYSWATER DEVELOPMENT CORPORATION

Current Principal Place of Business:

1684 W. HIBISCUS BLVD.
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

1684 W. HIBISCUS BLVD.
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 59-3214606

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOTTILE, JOHN H
1684 W. HIBISCUS BLVD.
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CDP
Name: SOTTILE, JOHN H
Address: 1684 W. HIBISCUS BLVD.
City-St-Zip: MELBOURNE, FL 32901

Title: D
Name: LEITNER, DANFORD E
Address: 1684 W. HIBISCUS BLVD
City-St-Zip: MELBOURNE, FL 32901

Title: TAS
Name: WHERRY, STEPHEN R
Address: 1684 W. HIBISCUS BLVD.
City-St-Zip: MELBOURNE, FL 32901

Title: D
Name: EADS, HARVEY C JR
Address: 1684 W. HIBISCUS BLVD
City-St-Zip: MELBOURNE, FL 32901

Title: V
Name: BRASELTON, WILLIAM M III
Address: 1684 W. HIBISCUS BLVD.
City-St-Zip: MELBOURNE, FL 32901

Title: S
Name: MANGER, MARY L
Address: 1684 W. HIBISCUS BLVD.
City-St-Zip: MELBOURNE, FL 32901

I hereby 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 all other like empowered.

SIGNATURE: STEPHEN R WHERRY

TAS

04/23/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date