

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H43140

**FILED**  
**May 03, 2010**  
**Secretary of State**

**Entity Name:** BAY INSURANCE GROUP OF AMERICA, INC.

**Current Principal Place of Business:**

250 MIRROR LAKE DR., N.  
ST. PETERSBURG, FL 33701 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 10400  
ST PETERSBURG, FL 33733

**New Mailing Address:**

250 MIRROR LAKE DR., N.  
ST. PETERSBURG, FL 33701 US

FEI Number: 59-2226524

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CROOMS, STANLEY N.  
250 MIRROR LAKE DRIVE N.  
ST. PETERSBURG, FL 33701 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CROOMS, STANLEY N  
Address: 250 MIRROR LAKE DR., N.  
City-St-Zip: ST. PETERSBURG, FL 33701 US

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: STANLEY N CROOMS

PD

05/03/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date