

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H70833

FILED  
Mar 27, 2009  
Secretary of State

Entity Name: BAY AREA TAXI SERVICE, INC.

## Current Principal Place of Business:

5201 GULF BLVD  
ST. PETE. BEACH, FL 33706 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 66330  
ST. PETERSBURG, FL 33736 US

## New Mailing Address:

FEI Number: 59-2576567      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

VALLEE, CAROL B  
5201 GULF BLVD  
ST PETERSBURG, FL 33710 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: D ( ) Delete  
Name: VALLEE, JERRY E.,  
Address: 100 PUNTA VISTA DR  
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: PT ( ) Delete  
Name: VALLEE, CAROL B.,  
Address: 9734 62 AVE. N  
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: D ( ) Delete  
Name: VALLEE, JERRY E II  
Address: 100 PUNTA VISTA DRIVE  
City-St-Zip: ST. PETE BEACH, FL 33706 US

Title: D ( ) Delete  
Name: VALLEE, RENE L  
Address: 1848 20TH AVENUE NORTH APT B  
City-St-Zip: ST. PETERSBURG., FL 33713

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: VALLEE, RENE L  
Address: 9734 62ND AVENUE NORTH  
City-St-Zip: ST. PETERSBURG., FL 33708

I hereby certify that the information supplied with this filing does not qualify 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: CAROL B VALLEE

PRES

03/27/2009

Electronic Signature of Signing Officer or Director

Date