


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # H78833**  
 1. Entity Name  
**BAYFRONT ENTERPRISES, INC.**



Principal Place of Business      Mailing Address  
**C/O SUE G. BRODY**                      **C/O SUE G. BRODY**  
**701 6TH STREET SOUTH**              **701 6TH STREET SOUTH**  
**ST. PETERSBURG, FL 33701 US**      **ST. PETERSBURG, FL 33701 US**

**DO NOT WRITE IN THIS SPACE**



01142005    No Chg-P    CR2E034 (10/03)

4. FEI Number                      Applied For  
**59-2592872**                      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BRODY, SUE G.**  
**701 SIXTH STREET SOUTH**  
**ST. PETERSBURG, FL 33701**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

000000194929  
 01/26/05-80008-016 158.75

10. OFFICERS AND DIRECTORS

TITLE: P  
 NAME: BRODY, SUE G  
 STREET ADDRESS: 701 6TH ST SOUTH  
 CITY-ST-ZIP: ST. PETERSBURG, FL

TITLE: D  
 NAME: FEDER, ERIC  
 STREET ADDRESS: 701 6TH STREET SOUTH  
 CITY-ST-ZIP: ST. PETERSBURG, FL

TITLE: ST  
 NAME: THORNTON, ROBERT W  
 STREET ADDRESS: 701 6 ST SOUTH  
 CITY-ST-ZIP: SAINT PETERSBURG, FL 33701

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:       1/14/05 (727) 893-6698  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #