2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# H80010

Entity Name: BAY AREA CONCESSIONS, INC.

Current Principal Place of Business:

5501 W. SPRUCE STREET
C-2
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

TAMPA INTERNATIONAL AIRPORT
P. O. BOX 21603
TAMPA, FL 33622

New Mailing Address:

FEI Number: 59-2594702 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARGRETT JR., JAMES T PRES.
5501 W. SPRUCE ST.
C-2
TAMPA, FL 33607 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:	PDS	( ) Delete
Name:	HARGRETT JR., JAMES, T.	
Address:	PO BOX 21603	
City-St-Zip:	TAMPA, FL 33622	
Title:	D	( ) Delete
Name:	FERLITA, ROSE,	
Address:	4810 N. NEBRASKA AVE.	
City-St-Zip:	TAMPA, FL	
Title:	D	( ) Delete
Name:	KINSEY, RANDOLPH,	
Address:	3744 N. 40TH STREET	
City-St-Zip:	TAMPA, FL	
Title:	D	( ) Delete
Name:	BOWERS, WALLACE Z	
Address:	8306 FIR DR	
City-St-Zip:	TAMPA, FL	
Title:	VP	( ) Delete
Name:	HARGRETT, CRYSTAL M	
Address:	306 WEST FRANCES AVENUE	
City-St-Zip:	TAMPA, FL 33602	

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

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: JAMES T HARGRETT JR PDS 03/19/2009

Electronic Signature of Signing Officer or Director — Date