

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90033 045 ***150.00

DOCUMENT # J24470 1. Entity Name BAYSOUTH REALTY INC					
Principal Place of Business 1720 MANATEE AVE WEST BRADENTON, FL 34205 US			Mailing Address 1720 MANATEE AVE WEST BRADENTON, FL 34205 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 4217 MARLIN LN Suite, Apt. #, etc.			
City & State City: _____ State: _____		City & State PALMETTO FL			
Zip _____	Country _____	Zip 34221	Country USA	4. FEI Number 59-2790895	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BLANKER, HARRY 1720 MANATEE AVE W BRADENTON, FL 34205			7. Name and Address of New Registered Agent Name: LUCINDA MC CARTNEY Street Address (P.O. Box Number is Not Acceptable): 4217 MARLIN LN City: PALMETTO State: FL Zip: 34221		
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: <u><i>Lucinda L.M. McCartney</i></u> DATE: <u>1/19/08</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P MCARTNEY, LUCINDA L 4217 MARLIN LANE PALMETTO, FL 34221	☐ Delete ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 60, 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. LUCINDA MC CARTNEY					
SIGNATURE: <u><i>Lucinda L.M. McCartney</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>1/29/08</u>		Daytime Phone #: <u>941-812-2072</u>	