## 2006 FOR PROFIT CORPORATION

## **FILED ANNUAL REPORT** Feb 08, 2006 08:00 AM Secretary of State **DOCUMENT # J48467** 1. Entity Name BAY AREA PROPERTY MANAGEMENT, INC. Principal Place of Business Mailing Address 3512 COUNTY ROAD 102 3512 COUNTY ROAD 102 SAFETY HARBOR, FL 34695 SAFETY HARBOR, FL 34695 01272006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2749340 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STROHAUER, GARY N. DO NOT WRITE 918 DREW ST. IN THIS SPACE STE A CLEARWATER, FL 33515 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. 1 am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 U00000425440 <del>'10/06-00097-017</del> OFFICERS AND DIRECTORS 10. PST TITLE BLACKBURN, ANNE E. NAME 3512 COUNTY ROAD 102 STREET ADDRESS CITY-ST-ZIP SAFETY HARBOR, FL TITLE BLACKBURN, ANNE E. NAME STREET ADDRESS 3512 COUNTY ROAD 102 CITY-ST-ZIP SAFETY HARBOR, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP MILE IN THIS SPACE STREET ADDRESS CITY-ST-ZIF TITLE NAME STREET ADDRESS

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 outh; 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 attache

CITY-ST-ZIP IMF NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: /