

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90055 050 ***150.00

DOCUMENT # J70205

1. Entity Name
BAY COPY & DATA, INC.



Principal Place of Business
**11970 RACE TRACK RD.
TAMPA, FL 33626**

Mailing Address
**11970 RACE TRACK RD.
TAMPA, FL 33626**

50006270



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2801805

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ZSCHAU, JULIUS J
2701 N ROCKY POINT DR
SUITE 930
TAMPA, FL 33607**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **MEYER, MICHAEL E.**
STREET ADDRESS **4356 LIVE OAK BLVD.**
CITY-ST-ZIP **PALM HARBOR, FL 34685**

TITLE **VS**
NAME **THOMAS, TRACY R.**
STREET ADDRESS **1006 WYNDHAM WAY**
CITY-ST-ZIP **SAFETY HARBOR, FL 34695**

TITLE **T**
NAME **MEYER, KATHLEEN B.**
STREET ADDRESS **4356 LIVE OAK BLVD.**
CITY-ST-ZIP **PALM HARBOR, FL 34685**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/05 813-855-7335