

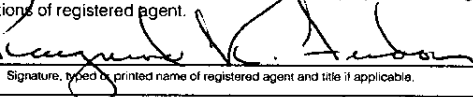
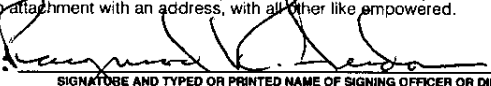


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90039 024 \*\*\*150.00

<b>DOCUMENT # K02630</b> 1. Entity Name <b>BAYSIDE ASSOCIATES REALTY, INC.</b>					
Principal Place of Business <b>174 S TESSIER RD</b> <b>ST. PETE BEACH, FL 33706 US</b>			Mailing Address <b>174 S TESSIER RD</b> <b>ST. PETE BEACH, FL 33706 US</b>		
2. Principal Place of Business <b>174 S. TESSIER DRIVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>174 S. TESSIER DRIVE</b> Suite, Apt. #, etc.			
City & State <b>ST. PETE BEACH FL</b> Zip Country <b>33706 US</b>		City & State <b>ST. PETE BEACH FL</b> Zip Country <b>33706 US</b>		4. FEI Number <b>59-2878720</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SAMUELS, KATHLEEN A.</b> <b>174 S TESSIER RD</b> <b>ST. PETE BCH, FL 33706</b>			7. Name and Address of New Registered Agent Name <b>RAYMOND K. FERDON</b> Street Address (P.O. Box Number is Not Acceptable) <b>174 S. TESSIER DRIVE</b> City <b>ST. PETE BEACH FL</b> Zip Code <b>33706</b>		
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  <b>RAYMOND K. FERDON</b> <b>2/2/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST FERDON, RAYMOND K. 174 S TESSIER DR ST. PETE BCH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SAMUELS, KATHLEEN A. 2460 EAST VINA DEL MAR ST. PETE BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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  <b>2/2/04 (727) 580-2254</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		