


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
pd ok #1101
Jan 25, 2007 08:00 A
1-22-07
Secretary of State

DOCUMENT # K09442 1. Entity Name BAY CITY LAND, INC.	
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Principal Place of Business 5519 E CHELSEA STREET TAMPA FL 33610	Mailing Address P.O. BOX 11118 TAMPA FL 33680
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent FOREHAND, DARRELL 15513 N WETSTONE DR TAMPA FL 33613	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when generating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	
<small>TITLE NAME STREET ADDRESS CITY ST ZIP</small> D FOREHAND, DARRELL 15513 N WETSTONE DR TAMPA FL 33613	<input type="checkbox"/> Delete	<small>TITLE NAME STREET ADDRESS CITY ST ZIP</small> <div style="text-align: center; font-size: small;"> U00000603892 01/23/07-80032-012 150.00 </div>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE NAME STREET ADDRESS CITY ST ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE NAME STREET ADDRESS CITY ST ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: *Darrell Forehand* 1-22-07 813 628 8288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #