

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2008 08:00 A
Secretary of State

DOCUMENT # K17004 1. Entity Name BAY FABRICATION, INC.					
Principal Place of Business 2200 NELSON ST. PANAMA CITY FL 32401 US			Mailing Address 2200 NELSON ST. PANAMA CITY FL 32401 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2888500	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent LOZIER, DANIEL R. 24 WEST CHASE ST. PENSACOLA FL 32501					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
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, type or print name of individual, joint and sole proprietor; Registered agent's signature required when submitting.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D'ISERNIA, BRIAN 2200 NELSON ST PANAMA CITY FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000855210 03/27/08-80040-003 158.75	
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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: **Brian D'Isernia President 3/6/08 850-763-1900**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Page Number