


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90169 048 ***158.75

DOCUMENT # K75849 1. Entity Name BAY ROAD ENTERPRISES INC.					
Principal Place of Business 617 BLANDING BOULEVARD ORANGE PARK, FL 32073 US			Mailing Address C/O DAVID A KING, ATTORNEY 1416 KINGSLEY AVE. ORANGE PARK, FL 32073		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KING, DAVID A. ATTORNEY AT LAW 1416 KINGSLEY AVE. ORANGE PARK, FL 32073				Name Henry M. Tonkin, III Street Address (P.O. Box Number is Not Acceptable) c/o Orange Park Orthotics & Prosthetics 617 Blanding Boulevard City Orange Park, FL Zip Code 32073	
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 X <i>Henry M. Tonkin, III</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DPT TONKIN, MARY JANE 2960 BAY ROAD ORANGE PARK, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST TONKIN, HENRY M III 2960 BAY ROAD ORANGE PARK, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP TONKIN, HENRY M IV 4342 CARRIAGE CROSSING DRIVE JACKSONVILLE, FL 32258	<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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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: X <i>Henry M. Tonkin, III</i>			Date _____ Daytime Phone # _____		

50035403



04042005 Chg-P CR2E034 (10/03)

4. FEI Number
59-2939487

Applied For
Not Applicable

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