2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary of State DOCUMENT # L14073 1. Entity Name 02-02-2005 90077 017 ***158.75 TAMPA BAYSIDE HOMES, INC. Principal Place of Business Mailing Address 34140 SR 54 ZEPHYRHILLS FL 33543 34140 SR 54 ZEPHYRHILLS FL 33543 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State 4. FEI Number Applied For City & State 59-2971325 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent) I M TEEVAN, RONALD P. Street Address (Fig. Box Number is plot Acceptable) 200 N. GARDEN AVE SUITE A 5.R. **CLEARWATER FL 34630** 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. ナン・02 (NOTE Registered Agent signature requi when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PSTD** THILE Delete TITLE ☐ Change ■ Addition STETLER, JIM NAME NAME STREET ADDRESS 93 E. WINDS CT. STREET ADDRESS PALM HARBOR FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition PLESKOVICH, STEVE S NAME NAME 411 CABOT ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **INVERNESS FL 33452** CITY-ST-ZIP ☐ Delete TITLE TITLE Change - Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-SI-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE TITLE ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

Feb 02, 2005 8:00 am