

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # L71478

1. Entity Name
BAYSHORE PLUMBING, INC. OF TAMPA



Principal Place of Business

**3649 S. MANHATTAN
TAMPA, FL 33629 US**

Mailing Address

**P.O. BOX 13428
TAMPA, FL 33681 US**

DO NOT WRITE IN THIS SPACE



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3010741

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MASSICOTTE, RONALD PAUL
3218 WEST VILLA ROSA STREET
TAMPA, FL 33611-2945**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**1100000383618
01/13/06-80010-003 150.00**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MASSICOTTE, RONALD P.
STREET ADDRESS	3218 W VILLA ROSA STREET
CITY-ST-ZIP	TAMPA, FL
TITLE	DVP
NAME	MASSICOTTE, FRANCISKA L.
STREET ADDRESS	3218 W VILLA ROSA STREET
CITY-ST-ZIP	TAMPA, FL
TITLE	S
NAME	MCCLURE, FLOYD
STREET ADDRESS	6800 10 ST N.
CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Ronald Massicotte **Ronald Massicotte** **1/6/06** **8B 835 5623**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRES Date Daytime Phone #