
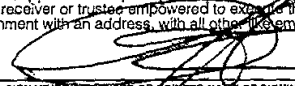


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 14  
Sec

<b>DOCUMENT # M55529</b> 1. Entity Name <b>BAY AREA RESALE CORP.</b>		
Principal Place of Business <b>C/O 3837 N DALE BLVD STE 230 TAMPA, FL 33624</b>	Mailing Address <b>C/O 3837 N DALE BLVD STE 230 TAMPA, FL 33624</b>	
<h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>		
<b>6. Name and Address of Current Registered Agent</b>  <b>CAILLIAU, CHARLES A 3837 N DAL BLVD STE 230 TAMPA, FL 33624</b>		
<h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>		
<b>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.</b>  SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>10. OFFICERS AND DIRECTORS</b>		U000000305275 04/14/05-80075-006 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD CAILLIAU, CHARLES A 3837 N. DALE BLVD. TAMPA, FL 33624</b>	<h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD CAILLIAU, DONNA M P.O. BOX 148 N/A HANCOCKS BRIDGE, N.J.</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<b>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.</b>		
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-13-05 813-387-3800 <small>Date Daytime Phone #</small>



04122005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-2823208

Applied For  
Not Applicable

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