


FILED
Jun 05, 2007 8:00 am
Secretary of State

04-23-2007 90275 002 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N00000000254		
1. Entity Name BAY COLONY OVERSIGHT, INC.		
Principal Place of Business 542 BAY COLONY DRIVE JUNO BEACH, FL 33408		Mailing Address 542 BAY COLONY DRIVE JUNO BEACH, FL 33408
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent SCHNEIDER, AL 542 BAY COLONY DRIVE JUNO BEACH, FL 33408		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS BELL, TOM 223 BAY COLONY DRIVE JUNO BEACH, FL 33408	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SCHNEIDER, ALBERT 544 BAY COLONY DRIVE JUNO BEACH, FL 33408	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT WHITE, FRANK 242 BAY COLONY DRIVE NORTH JUNO BEACH, FL 33408	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 617, 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: <u>Al Schneider</u> Al Schneider, Pres. <u>4/15/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

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03082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0976571	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	