

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40192

FILED
Jan 04, 2008
Secretary of State

Entity Name: BAY LINEN, INC.

Current Principal Place of Business:

BAY LINEN, INC.
11525 47TH S. NORTH
CLEARWATER, FL 33762

New Principal Place of Business:

Current Mailing Address:

BAY LINEN, INC.
11525 47TH S. NORTH
CLEARWATER, FL 33762

New Mailing Address:

FEI Number: 59-3047014

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOENEMEYER, MARK J
11525 47TH ST., NORTH
CLEARWATER, FL 33762 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JACOBS, BRUCE
Address: 601 MAIN STREET MAIL STOP 459A
City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete
Name: VERINDER, DAVID
Address: 1700 S TAMiami TRAIL
City-St-Zip: SARASOTA, FL 34239

Title: PD () Delete
Name: HOENEMEYER, MARK J
Address: 11525 47TH ST N
City-St-Zip: CLEARWATER, FL

Title: D () Delete
Name: GUY, KIMBERLY
Address: 3030 W.DR. MLKING BLVD.
City-St-Zip: TAMPA, FL 33677

Title: D () Delete
Name: INZINA, TOMMY
Address: 16331 BAY VISTA DR.
City-St-Zip: CLEARWATER, FL 33760

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: LIPSCOMB, JUDITH
Address: 16331 BAY VISTA DR
City-St-Zip: CLEARWATER, FL 33760

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK J. HOENEMEYER

PD

01/04/2008

Electronic Signature of Signing Officer or Director

Date