

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40892

FILED
Mar 28, 2007
Secretary of State

Entity Name: BAY AREA COMMUTER SERVICES, INC.

Current Principal Place of Business:

1408 N. WESTSHORE BLVD.
#704
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

1408 N. WESTSHORE BLVD.
#704
TAMPA, FL 33607

New Mailing Address:

FEI Number: 59-3050472 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOODY, SANDRA L
1408 N. WESTSHORE BLVD.
SUITE 704
TAMPA, FL 33607 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: CD () Delete
Name: REED, HARRY D III
Address: 7650 W COURTNEY CAMPBELL CSWY
City-St-Zip: TAMPA, FL 33607

Title: TT () Delete
Name: CAPPADORO, JILL
Address: 201 E. KENNEDY BLVD, SUITE 900
City-St-Zip: TAMPA, FL 33602

Title: S () Delete
Name: WOODROFFE, ENRIQUE A
Address: 5005 W. LAUREL STREET, STE. 215
City-St-Zip: TAMPA, FL 33607

Title: VD () Delete
Name: TRIA, LEONARD F JR
Address: 8448 DELAWARE DR
City-St-Zip: WEEKI WACHEE, FL 34607

Title: ED () Delete
Name: MOODY, SANDRA L.
Address: 1408 N. WESTSHORE BLVD # 704
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: STARKEY, FRANK
Address: 12959 STATE ROAD 54
City-St-Zip: ODESSA, FL 33556

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

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

Title: VC (X) Change () Addition
Name: CASTELLANO, NANCY
Address: 1701 WEST CASS STREET
City-St-Zip: TAMPA, FL 33606

Title: ED (X) Change () Addition
Name: MOODY, SANDRA L
Address: 1408 N. WESTSHORE BLVD # 704
City-St-Zip: TAMPA, FL 33607

I hereby certify that the information supplied with this filing does not qualify for the 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: SANDRA L. MOODY

ED

03/28/2007

Electronic Signature of Signing Officer or Director

Date