


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90300 015 ***150.00

DOCUMENT # P00000001298	
1. Entity Name BAY AREA A.F.S., INC.	

Principal Place of Business 18302 HIGHWOODS PRES PKWY #105 TAMPA, FL 33647	Mailing Address 1611 W. PLATT STREET TAMPA, FL 33606
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 502 N. ARMENIA AVE Suite, Apt. #, etc.
City & State	City & State TAMPA FL
Zip 33609	Country USA

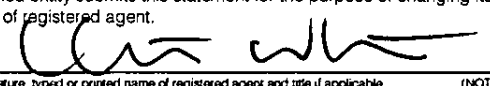


04192005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3615708	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KOEHLER, KEITH W 1611 W. PLATT STREET TAMPA, FL 33606	7. Name and Address of New Registered Agent Name KEITH W. KOEHLER Street Add Koehler & Company, P.A. 502 North Armenia Avenue City Tampa, FL 33609
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8. The above named entity submits this statement for the purpose of changing its registered office or re the obligations of registered agent.	Signature  4/20/05
SIGNATURE _____ DATE _____	

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAWSON, LARRY 18302 HIGHWOODS PRES PKWY TAMPA, FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: 	4-25-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #