

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000035727

FILED
Apr 29, 2005
Secretary of State

Entity Name: BAYSCAPES, INC.

Current Principal Place of Business:

308 7TH AVE.
SUITE, 2 A
TAMPA, FL 33602 US

Current Mailing Address:

308 7TH AVE.
SUITE, 2A
TAMPA, FL 33602 US

New Principal Place of Business:

609 S. HIMES AVE.
SUITE, B
TAMPA, FL 33609 US

New Mailing Address:

609 S. HIMES AVE
SUITE, B
TAMPA, FL 33609 US

FEI Number: 59-3639837

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STUDER, DOYLE
13604 LARAWAY DRIVE
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

STUDER, DOYLE
5420 BAYSHORE BLVD.
TAMPA, FL 33611 US

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:

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: STUDER, JULIE A
Address: 13604 LARAWAY DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: P () Delete
Name: STUDER, DOYLE
Address: 13604 LARAWAY DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: CEO (X) Delete
Name: STAGGS, JESSIE
Address: 14336 CLINTON ST.
City-St-Zip: DOVER, FL 33527 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: STUDER, JULIE A
Address: 5420 BAYSHORE BLVD
City-St-Zip: TAMPA, FL 33611

Title: P (X) Change () Addition
Name: STUDER, DOYLE
Address: 5420 BAYSHORE BLVD.
City-St-Zip: TAMPA, FL 33611

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOYLE STUDER

PRES

04/29/2005

Electronic Signature of Signing Officer or Director

Date