


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0000043252 1. Entity Name BAYSIDE SHIRT COMPANY		
Principal Place of Business 4786A WOODLANE CIRCLE TALLAHASSEE, FL 32303		Mailing Address P.O. BOX 98 PANACEA, FL 32346
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Country

FILED
05 APR 15 AM 9:03
TALLAHASSEE, FLORIDA



04152005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3652666	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MCDONALD, ROBERT B 195 MASHES SAND RD PANACEA, FL 32346	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) 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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, ROBERT B	NAME	700053932707
STREET ADDRESS	195 MASHES GRAND ROAD	STREET ADDRESS	05/06/05--01007--010 **150.00
CITY-ST-ZIP	PANACEA, FL 32346	CITY-ST-ZIP	
TITLE	VPS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, BRIAN	NAME	
STREET ADDRESS	314 BRAVADO LANE	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH SHORES, FL 33404	CITY-ST-ZIP	
TITLE	VPM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, MARK B	NAME	
STREET ADDRESS	3603 BUCKNER COURT	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32313	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Robert B. McDonald* 4-15-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Daytime Phone *MW*