2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0000043252 1. Entity Name BAYSIDE SHIRT COMPANY					2007 APR -9 AM 11: SECRETARY OF STA FALL AHASSEE FLORID	
Principal Place		Mailing Address			""ASSEE FLOR	ATE
3603 BUCKN Tallahasse		P.O. BOX 98 Panacea, FL 32346				
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04092007 Chg-P CR2E034 (12/06)	
City & State		City & State			4. FEI Number Applied Fo 59-3652666 Not Applie	
Zip Country Zip		Zip	Zip Country		5. Certificate of Status Desired Fee Required	
	6. Name and Address of Current I	 Registered Agent			7. Name and Address of New Registered Agent	
MCDONAL	.D, ROBERT B			Name		
195 MASH	ES SAND RD , FL 32346			Street Address (P.O. Box Number is Not Acceptable)		
				City	□ t Zip Code	
8 The above	named entity submits this statement for	the purpose of changing its	ragieter	<u> </u>	FL Zip Code agent, or both, in the State of Florida. I am familiar with, and acc	ent
	ions of registered agent.	the purpose of changing as	register	sa office of registe	areo agent, or boilt, writte state of rioriba. Tant familiar with, and acc	eh,
\$IGNATURE_	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registere	d Agent signature require	ed when reinstating) DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campa Trust Fund Conf		~ _ +•	5.00 May Be ded to Fees	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	P MCDONALD, ROBERT B	☐ Delete TITU			☐ Change ☐ Add	lition
STREET ADDRESS CITY-ST-ZIP	195 MASHES GRAND ROAD PANACEA, FL 32346		STRE	et address -St-Zip		
TITLE	VPS	☐ Delete	TITLE		☐ Change ☐ Ado	fition
name Street address	WELLS, BRIAN 314 BRAVADO LANE		NAM Stre	et address		
CITY-ST-ZIP	PALM BEACH SHORES, FL 334		CITY	-ST-ZIP		
TITLE NAME	VPM MCDONALD, MARK B	☐ Delete	TITUS NAM		☐ Change ☐ Add	iition
STREET ADDRESS CITY-ST-ZIP	3603 BUCKNER COURT TALLAHASSEE, FL 32313			ET ADDRESS -ST-ZIP	:	
TITLE		☐ Delete	FITE		5000975692Htt	lition
NAME STREET ADDRESS			NAM STRE	et address	500097569205°	
CITY-ST-ZIP				-ST-ZIP		
TITLE NAME		☐ Delete	TITLE NAM		☐ Change ☐ Add	lition
STREET ADDRESS CITY-ST-ZIP			STRE	et address -St-Zip		
TITLE NAME		☐ Defete	TITLE NAM		☐ Change ☐ Add	lition
STREET ADDRESS CITY-ST-ZIP			STRE	ET ADDRESS - ST - ZIP		
12. I hereby of indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, v	this filing does not qualify for true and accurate and that is wered to execute this report with all other like empowered	or the exemption of the		ed in Chapter 119, Florida Statutes. I further certify that the informatic e same legal effect as if made under oath; that I am an officer or direc 17, Florida Statutes; and that my name appears in Block 10 or Block 1	on tor 1 if
SIGNAT	URE: SIGNATURE AND TYPED OF P	S. J.	OR DIRECT	TOR	Date Daylime Phone №	_
	SIGNATURE AND TIFED UK P	I HAME OF BIGRING OFFICER	. JR JIREU		Daysine Front #	i