


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P00000044421		
1. Entity Name BAY DEVELOPERS AND BUILDERS, INCORPORATED		

Principal Place of Business 5802 51ST SOUTH ST PETERSBURG FL 33715	Mailing Address 5802 51ST SOUTH ST PETERSBURG FL 33715
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07 AUG -2 PM 3:10

2nd MOORE CR2E034 (4/07)

4. FEI Number 59-2966239	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  BEEM, OWEN W 5802-51ST SOUTH ST PETERSBURG FL 33715	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 \_\_\_\_\_

<p><b>FILE NOW!!! FEE IS \$550.00</b>  <b>DUE BY September 5, 2007</b>  <b>Make Check Payable to Florida Department of State</b></p>	<p>S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/></p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
P BEEM, OWEN W 5802 51ST SOUTH ST PETERSBURG FL 33715	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
VST BEEM, GERALDINE K 5802 51ST SOUTH ST PETERSBURG FL 33715	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
V BEEM, STEVEN S 5802 51ST SOUTH ST PETERSBURG FL 33715	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
V BEEM, DAVID M 5802 51ST SOUTH ST PETERSBURG FL 33715	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
VP BEEM, CAROLYN L 79231 BENTRINO LA QUINTA CA 92253	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
VP JONES, KATHLEEN 4920 SILVERTHORN CT EASTLAKE WOOD OLDSMAR FL 34677	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VP MULLINS, LAUREEN 1033 FAWN CT. OLDSMAR, FL 34677	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
400108197594 08/15/07--01036--016 **550.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NOTE: I'm SURE WE HAD ADDED LAUREEN WITH THE OTHER CHANGES, BUT AGAIN ABOVE.	
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: OWEN W. BEEM PRES. 7/30/07 (12) 867-1074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_