

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2966239

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEEM, OWEN W
5802-51ST SOUTH
ST PETERSBURG FL 33715

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reniscing)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 5, 2007

Make Check Payable to Florida Department of State

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.

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME BEEM, OWEN W
STREET ADDRESS 5802 51ST SOUTH
CITY-ST-ZIP ST PETERSBURG FL 33715

Delete

TITLE J.P. MULLINS, LAUREEN
NAME
STREET ADDRESS 1033 FAWN CT.
CITY-ST-ZIP OLDSMAR, FL 34677

Change

Addition

TITLE VST
NAME BEEM, GERALDINE K
STREET ADDRESS 5802 51ST SOUTH
CITY-ST-ZIP ST PETERSBURG FL 33715

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

400108197594
09/16/07--01036--016 **550.00

Change

Addition

TITLE V
NAME BEEM, STEVEN S
STREET ADDRESS 5802 51ST SOUTH
CITY-ST-ZIP ST PETERSBURG FL 33715

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*Note: I'm SURE WE HAD ADDED
LAUREEN WITH THE OTHER CHILDREN,
BUT AGAIN ABOVE.*

Change

Addition

TITLE V
NAME BEEM, DAVID M
STREET ADDRESS 5802 51ST SOUTH
CITY-ST-ZIP ST PETERSBURG FL 33715

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*LAUREEN WITH THE OTHER CHILDREN,
BUT AGAIN ABOVE.*

Change

Addition

TITLE VP
NAME BEEM, CAROLYN L
STREET ADDRESS 79231 BENTRINO
CITY-ST-ZIP LA QUINTA CA 92253

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE VP
NAME JONES, KATHLEEN
STREET ADDRESS 4920 SILVERTHORN CT EASTLAKE WOOD
CITY-ST-ZIP OLDSMAR FL 34677

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

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 OWEN W. BEEM, Pres. 7/30/07 (12) 867-1074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #