
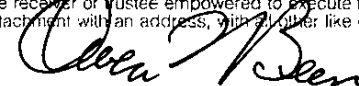



2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2008 8:00 am
Secretary of State

02-20-2008 90007 017 ***150.00

| | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| 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 | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2966239 | |
| | | | | Applied For 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 | | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BEEM, OWEN W | | NAME | MULLINS, LAUREN | WAS REPORTED ON PREVIOUS REPORT! |
| STREET ADDRESS | 5802 51ST SOUTH | | STREET ADDRESS | 1033 PAVAN CT. | |
| CITY-ST-ZIP | ST PETERSBURG FL 33715 | | CITY-ST-ZIP | OLDSMAR, FL 34677 | |
| TITLE | VPST | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BEEM, GERALDINE K | | NAME | | |
| STREET ADDRESS | 5802 51ST SOUTH | | STREET ADDRESS | | |
| CITY-ST-ZIP | ST PETERSBURG FL 33715 | | CITY-ST-ZIP | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BEEM, STEVEN S | | NAME | | |
| STREET ADDRESS | 5802 51ST SOUTH | | STREET ADDRESS | | |
| CITY-ST-ZIP | ST PETERSBURG FL 33715 | | CITY-ST-ZIP | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BEEM, DAVID M | | NAME | | |
| STREET ADDRESS | 5802 51ST SOUTH | | STREET ADDRESS | | |
| CITY-ST-ZIP | ST PETERSBURG FL 33715 | | CITY-ST-ZIP | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BEEM, CAROLYN L | | NAME | | |
| STREET ADDRESS | 79231 BENTRINO | | STREET ADDRESS | | |
| CITY-ST-ZIP | LA QUINTA CA 92253 | | CITY-ST-ZIP | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JONES, KATHLEEN | | NAME | | |
| STREET ADDRESS | 4920 SILVERTHORN CT EASTLAKE WOOD | | STREET ADDRESS | | |
| CITY-ST-ZIP | OLDSMAR FL 34677 | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  | | | 2/8/08  | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |