

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000068670

Entity Name: BAYSIDE NEWS, INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

9195 PARK BLVD.
SEMINOLE, FL 33777

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3711
SAINT PETERSBURG, FL 33731

New Mailing Address:

FEI Number: 59-3688219

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOND, SHARON
9195 PARK BLVD.
SEMINOLE, FL 33777 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOND, SHARON
Address: P.O. BOX 3711
City-St-Zip: SAINT PETERSBURG, FL 33731

Title: T (X) Delete
Name: PALMER, PEGGY
Address: P.O. BOX 3711
City-St-Zip: SAINT PETERSBURG, FL 33731

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: BOND, SHARON
Address: P.O. BOX 3711
City-St-Zip: SAINT PETERSBURG, FL 33731

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON BOND

PRES

04/29/2005

Electronic Signature of Signing Officer or Director

Date