## **2004 FOR PROFIT CORPORATION**

## May 03, 2004 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # P00000079320** BAYFAIR NEW FLORESTA, INC. Mailing Address Principal Place of Business 3717 WEST NORTH 'B' STREET 3717 WEST NORTH "B" STREET **TAMPA, FL 33609** TAMPA, FL 33609 04302004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3672287 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MILLER, RANDELL DO NOT WRITE 315 SOUTH HYDE PARK AVENUE TAMPA, FL 33606 IN THIS SPACE 3. 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) Signature, typed or printed name of registered agent and little if applicable. U00000151977 05/04/04-80068-008 150.00 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS D TITLE NAME MORRIS, J. MICHAEL 3717 NORTH B STREET STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33609 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. I hereby certify that the information expelled with this filling does not qualify 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 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:

City-St-ZiP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PHINTED MAKE OF SIGNING OFFICER OR DIRECTOR

Date

Davime Phone #

FILED