


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2004 8:00 am**  
**Secretary of State**

01-16-2004 90014 003 \*\*\*150.00

<b>DOCUMENT # P0000089805</b>					
1. Entity Name BAYSHORE FINANCIAL, INC.					
Principal Place of Business 6900 S. GRAY ROAD INDIANAPOLIS, IN 46237			Mailing Address 6900 S. GRAY ROAD INDIANAPOLIS, IN 46237		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		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	PD	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKSON, WESSLEY E		NAME	Michael Hull	
STREET ADDRESS	6900 S. GRAY ROAD		STREET ADDRESS	6900 S. Gray Road	
CITY-ST-ZIP	INDIANAPOLIS, IN 46237		CITY-ST-ZIP	Indianapolis, IN 46237	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, ETHAN		NAME		
STREET ADDRESS	P.O. BOX 4870		STREET ADDRESS		
CITY-ST-ZIP	ST. CROIX, 00851		CITY-ST-ZIP		
TITLE	VTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, BLAKE A		NAME		
STREET ADDRESS	6900 S. GRAY ROAD		STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS, IN 46237		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, KYLE E		NAME		
STREET ADDRESS	6900 S. GRAY ROAD		STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS, IN 46237		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, DAVID		NAME		
STREET ADDRESS	9421 HUNTERS PONE DR		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, TERESA C		NAME		
STREET ADDRESS	6900 S. GRAY ROAD		STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS, IN 46237		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing 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: <i>Teresa C. Williams, Sec</i>		Date: 1-14-04		Daytime Phone #: 317-783-5461	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
<i>Teresa C. Williams, Sec</i>					