

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000089805

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

FILED
Jan 11, 2005 08:00 AM
Secretary of State



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-2120353

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JACKSON, WESSLEY E
STREET ADDRESS	6900 S. GRAY ROAD
CITY-ST-ZIP	INDIANAPOLIS, IN 46237
TITLE	D
NAME	JACKSON, ETHAN
STREET ADDRESS	P.O. BOX 4870
CITY-ST-ZIP	ST. CROIX, 00851
TITLE	VTD
NAME	JACKSON, BLAKE A
STREET ADDRESS	6900 S. GRAY ROAD
CITY-ST-ZIP	INDIANAPOLIS, IN 46237
TITLE	DV
NAME	JACKSON, KYLE E
STREET ADDRESS	6900 S. GRAY ROAD
CITY-ST-ZIP	INDIANAPOLIS, IN 46237
TITLE	V
NAME	COX, DAVID
STREET ADDRESS	9421 HUNTERS PONE DR
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	S
NAME	WILLIAMS, TERESA C
STREET ADDRESS	6900 S. GRAY ROAD
CITY-ST-ZIP	INDIANAPOLIS, IN 46237

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01/11/05-80040-016 150.00

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IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

1/7/05 316 783 5461