


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P00000089805 1. Entity Name BAYSHORE FINANCIAL, INC.	
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Principal Place of Business 6900 S. GRAY ROAD INDIANAPOLIS, IN 46237	Mailing Address 6900 S. GRAY ROAD INDIANAPOLIS, IN 46237
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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 <input type="checkbox"/>	\$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

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

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 01/11/05-80040-016 150.00

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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:  1/7/05 387835461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #