

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2006 8:00 am**  
**Secretary of State**

02-08-2006 90002 049 \*\*\*150.00

**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**

**60012926**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number  
**35-2120353**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

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, 2006 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	<input type="checkbox"/> Delete
NAME	JACKSON, WESSLEY E	
STREET ADDRESS	6900 S. GRAY ROAD	
CITY-ST-ZIP	INDIANAPOLIS, IN 46237	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, ETHAN	
STREET ADDRESS	P.O. BOX 4870	
CITY-ST-ZIP	ST. CROIX, 00851	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	JACKSON, BLAKE A	
STREET ADDRESS	6900 S. GRAY ROAD	
CITY-ST-ZIP	INDIANAPOLIS, IN 46237	
TITLE	DV	<input type="checkbox"/> Delete
NAME	JACKSON, KYLE E	
STREET ADDRESS	6900 S. GRAY ROAD	
CITY-ST-ZIP	INDIANAPOLIS, IN 46237	
TITLE	V	<input type="checkbox"/> Delete
NAME	COX, DAVID	
STREET ADDRESS	9421 HUNTERS PONE DR	
CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILLIAMS, TERESA C	
STREET ADDRESS	6900 S. GRAY ROAD	
CITY-ST-ZIP	INDIANAPOLIS, IN 46237	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jackson, Ethan	
STREET ADDRESS	6900 S. Gray Road	
CITY-ST-ZIP	Indianapolis, IN 46237	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-6-06

317-783-5461