

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2008 08:00 AM
Secretary of State

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**



01072008 No Chg-P CR2E034 (11/05)

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, 2008 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 6900 S. GRAY RD
CITY-ST-ZIP INDIANAPOLIS, IN 46237

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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02/05/08-80094-024 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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 all other like empowered.

SIGNATURE: Teresa C Williams, Sec
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

\$ 01-22-08 317-783-5461
Date Daytime Phone #