

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 21, 2005 8:00 am**  
**Secretary of State**

07-21-2005 90030 027 \*\*\*150.00

**DOCUMENT # P01000045663**

1. Entity Name  
**BAYSIDE SERVICES OF BREVARD, INC.**



Principal Place of Business  
**1248 ELCON DR  
MELBOURNE, FL 32904**

Mailing Address  
**1248 ELCON DR  
MELBOURNE, FL 32904**

**50056724**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07112005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**59-3716413**

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

**BROADWAY, DARLENE  
1248 ELCON DR  
MELBOURNE, FL 32904**

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 re-issuing)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
—Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **BROADWAY, DARLENE**  
CITY - ST - ZIP **1248 ELCON DR  
MELBOURNE, FL 32904**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
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CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/19/05 321-953-5164**

July 1, 2005

ATTACHMENT

PO1000045662  
50056724

To whom it may concern:

RE: Bayside Services of Brevard, Inc. 59-371-6413

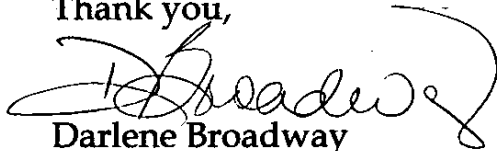
I received a post card stating "Notice of Intent to Dissolve". As President of this Corporation, I do not have any intent to dissolve the business.

As of this date, I have not received any corporation renewal letters or post cards with any fees due.

Enclosed is my \$150.00 filing fee to keep my corporation active.

Any questions, please call me at anytime @ 321-953-5164

Thank you,



Darlene Broadway

President of Bayside Services of Brevard, Inc.