## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P01000046458**

1. Entity Name

BAYSIDE POOL CLEANING INC.



FILED Jan 23, 2008 08:00 Al Secretary of State

Principal Place of Business

10593 ORANGE BLOSSOM LN SEMINOLE, FL 33772 Mailing Address

10593 ORANGE BLOSSOM LN SEMINOLE, FL 33772



DO NOT WRITE IN THIS SPACE

01152008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3718831 Applied For Not Applicable

5. Certificate of Status Desired Sa.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BONER, DONNA L 10593 ORANGE BLOSSOM LN SEMINOLE, FL 33772

STREET ADDRESS CITY-ST-ZIP DO NOT WRITE IN THIS SPACE

				IIN	INIS SPACE
	named entity submits this statement for the plions of registered agent.	urpose of changing its register	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title is	f applicable. (NOTE: Registere	ed Agent signature	required when reinstating)	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Final     Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT DONER, DONNA L 10593 ORANGE BLOSSON LN SEMINOLE, FL 33772		- - -		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<i>.</i>		U00000792354 01/24/08-80004-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			. *.	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP.					
TITLE					

12. I hereby certify that the information supplied with this filling 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: X6 ONNE T. BONE DONNIA L. BONER PRESIDENT X 1/17/08 3/9-6/5-2