


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000069171</b> 1. Entity Name <b>BAYSHORE COMMERCIAL LEASING, INC.</b>	
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Principal Place of Business <b>36210 ST JOE RD DADE CITY, FL 33525</b>	Mailing Address <b>36210 ST JOE RD DADE CITY, FL 33525</b>
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01052006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3750694</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fees Required
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**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**MCKNIGHT, TERRY D  
36210 ST JOE RD  
DADE CITY, FL 33525**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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	D
NAME	MCKNIGHT, MARY M
STREET ADDRESS	36210 ST JOE RD
CITY-STATE-ZIP	DADE CITY, FL 33525
TITLE	PST
NAME	MCKNIGHT, MARY M
STREET ADDRESS	36210 ST JOE RD
CITY-STATE-ZIP	DADE CITY, FL 33525
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U00000383223  
01/12/06-80046-002 150.00

**DO NOT WRITE  
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.

*Mary M. McKnight* 1/7/06