2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000006306

1. Entity Name
BAY VILLAGE SERVICES, INC.



Principal Place of Business

504 PARK BOULEVARD OLDSMAR, FL 34677 Mailing Address

504 PARK BOULEVARD OLDSMAR, FL 34677



06 MAR - 1 PM 3:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Fee Required



DO NOT WRITE IN THIS SPACE

03232005	No Chg-P	CR2E034 (10/03)	

4. FEI Number			Applied For
04-3591621			Not Applicable
E. Contificate of Status Desired	 \$8.7	' 5	Additional

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145

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, 2005 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIREC	TORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KLOVACH, ROY F 504 PARK BOULEVARD OLDSMAR, FL 34677								
TITLE NAME STREET ADORESS CITY-ST-ZIP				03/1	100067377674 08/0601006006 **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 NAME STREET ADDRESS CITY-ST-ZIP									
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.									