



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

| <b>DOCUMENT # P02000038573</b><br>1. Entity Name<br><b>BAYSIDE FINANCIAL GROUP, INC.</b>  |   |                                 |  |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                 |  |                |  |  |               |   |  |               |  |  |       |      |                                 |       |      |   |                |               |  |                |  |  |               |   |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |
|---|---|---------------------------------|--|--|---|----------------------------|--|--|---|--|--|-------|------|---------------------------------|-------|------|---|----------------|-----------------|--|----------------|--|--|---------------|---|--|---------------|--|--|-------|------|---------------------------------|-------|------|---|----------------|---------------|--|----------------|--|--|---------------|---|--|---------------|--|--|-------|------|---------------------------------|-------|------|---|----------------|--|--|----------------|--|--|---------------|--|--|---------------|--|--|-------|------|---------------------------------|-------|------|---|----------------|--|--|----------------|--|--|---------------|--|--|---------------|--|--|-------|------|---------------------------------|-------|------|---|----------------|--|--|----------------|--|--|---------------|--|--|---------------|--|--|
| Principal Place of Business<br><b>630 DESOTO DR.<br/>TIERRA VERDE FL 33715</b>  |   |                                 | Mailing Address<br><b>630 DESOTO DR.<br/>TIERRA VERDE FL 33715</b> |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                 |  |                |  |  |               |   |  |               |  |  |       |      |                                 |       |      |   |                |               |  |                |  |  |               |   |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |   |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.                          |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                 |  |                |  |  |               |   |  |               |  |  |       |      |                                 |       |      |   |                |               |  |                |  |  |               |   |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |
| City & State  |   |                                 | City & State   |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                 |  |                |  |  |               |   |  |               |  |  |       |      |                                 |       |      |   |                |               |  |                |  |  |               |   |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |
| Zip   |   | Country                         |  | 4. FEI Number <b>43-1956633</b><br>Applied For <input type="checkbox"/> Not Applicable   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                 |  |                |  |  |               |   |  |               |  |  |       |      |                                 |       |      |   |                |               |  |                |  |  |               |   |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   |                                 |  |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                 |  |                |  |  |               |   |  |               |  |  |       |      |                                 |       |      |   |                |               |  |                |  |  |               |   |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>HAAN, MICHAEL L<br/>630 DESOTO DR.<br/>TIERRA VERDE FL 33715</b>  |   |                                 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>  |   |                                 |  |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                 |  |                |  |  |               |   |  |               |  |  |       |      |                                 |       |      |   |                |               |  |                |  |  |               |   |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |   |                                 |  | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                 |  |                |  |  |               |   |  |               |  |  |       |      |                                 |       |      |   |                |               |  |                |  |  |               |   |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>HAAN, MICHAEL L</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>630 DESOTO DR.<br/>TIERRA VERDE FL 33715</td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>HAAN, MARIA S</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>630 DESOTO DR.<br/>TIERRA VERDE FL 33715</td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> |   |                                 |  |  |   | 10. OFFICERS AND DIRECTORS |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |  | TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS | HAAN, MICHAEL L |  | STREET ADDRESS |  |  | CITY- ST- ZIP | 630 DESOTO DR.<br>TIERRA VERDE FL 33715 |  | CITY- ST- ZIP |  |  | TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS | HAAN, MARIA S |  | STREET ADDRESS |  |  | CITY- ST- ZIP | 630 DESOTO DR.<br>TIERRA VERDE FL 33715 |  | CITY- ST- ZIP |  |  | TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY- ST- ZIP |  |  | CITY- ST- ZIP |  |  | TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY- ST- ZIP |  |  | CITY- ST- ZIP |  |  | TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY- ST- ZIP |  |  | CITY- ST- ZIP |  |  |
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| STREET ADDRESS  | HAAN, MICHAEL L                         |                                 | STREET ADDRESS   |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                 |  |                |  |  |               |   |  |               |  |  |       |      |                                 |       |      |   |                |               |  |                |  |  |               |   |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |
| CITY- ST- ZIP   | 630 DESOTO DR.<br>TIERRA VERDE FL 33715 |                                 | CITY- ST- ZIP  |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                 |  |                |  |  |               |   |  |               |  |  |       |      |                                 |       |      |   |                |               |  |                |  |  |               |   |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |
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| STREET ADDRESS  | HAAN, MARIA S                           |                                 | STREET ADDRESS   |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                 |  |                |  |  |               |   |  |               |  |  |       |      |                                 |       |      |   |                |               |  |                |  |  |               |   |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |
| CITY- ST- ZIP   | 630 DESOTO DR.<br>TIERRA VERDE FL 33715 |                                 | CITY- ST- ZIP  |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                 |  |                |  |  |               |   |  |               |  |  |       |      |                                 |       |      |   |                |               |  |                |  |  |               |   |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |
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| STREET ADDRESS  |   |                                 | STREET ADDRESS   |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                 |  |                |  |  |               |   |  |               |  |  |       |      |                                 |       |      |   |                |               |  |                |  |  |               |   |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |
| CITY- ST- ZIP   |   |                                 | CITY- ST- ZIP  |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                 |  |                |  |  |               |   |  |               |  |  |       |      |                                 |       |      |   |                |               |  |                |  |  |               |   |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |
| TITLE   | NAME                                    | <input type="checkbox"/> Delete | TITLE  | NAME   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                 |  |                |  |  |               |   |  |               |  |  |       |      |                                 |       |      |   |                |               |  |                |  |  |               |   |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |
| STREET ADDRESS  |   |                                 | STREET ADDRESS   |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                 |  |                |  |  |               |   |  |               |  |  |       |      |                                 |       |      |   |                |               |  |                |  |  |               |   |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |
| CITY- ST- ZIP   |   |                                 | CITY- ST- ZIP  |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                 |  |                |  |  |               |   |  |               |  |  |       |      |                                 |       |      |   |                |               |  |                |  |  |               |   |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |
| TITLE   | NAME                                    | <input type="checkbox"/> Delete | TITLE  | NAME   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                 |  |                |  |  |               |   |  |               |  |  |       |      |                                 |       |      |   |                |               |  |                |  |  |               |   |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |
| STREET ADDRESS  |   |                                 | STREET ADDRESS   |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                 |  |                |  |  |               |   |  |               |  |  |       |      |                                 |       |      |   |                |               |  |                |  |  |               |   |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |
| CITY- ST- ZIP   |   |                                 | 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)(f), 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.   |   |                                 |  |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                 |  |                |  |  |               |   |  |               |  |  |       |      |                                 |       |      |   |                |               |  |                |  |  |               |   |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |
| <b>SIGNATURE: <u>Michael L. Haan, Michael L. Haan, President</u> 4/13/05 727-864-3015</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |   |                                 |  |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                 |  |                |  |  |               |   |  |               |  |  |       |      |                                 |       |      |   |                |               |  |                |  |  |               |   |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |