


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

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| DOCUMENT # P02000044902 1. Entity Name BAYFRONT CLOTHING BOUTIQUE, INC. |  |
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| Principal Place of Business 2150 GOODLETTE ROAD SUITE 700 NAPLES, FL 34102 | Mailing Address 2150 GOODLETTE ROAD SUITE 700 NAPLES, FL 34102 |
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01132005 No Chg-P CR2E034 (10/03)

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|---|---------------------------------------|
| 4. FCI Number 33-1002511 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**CUYLER, KENNETH B ESQ.
 4001 TAMiami TRAIL NORTH
 SUITE 300
 NAPLES, FL 34103**

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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD STONEBURNER, KEVIN L 2150 GOODLETTE ROAD #700 NAPLES, FL 34102 |
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 04/11/05-80041-010 150.00

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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)(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.

SIGNATURE: _____ **4/7/05** **239-649-870**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #