

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000064163

1. Entity Name
BAYSHORE CONNECTIONS, INC.

(SEE NAME CHANGE AMENDMENT)



Principal Place of Business
500 E. KENNEDY BLVD.
SUITE 101 C
TAMPA, FL 33602

Mailing Address
500 E. KENNEDY BLVD.
SUITE 101 C
TAMPA, FL 33602

FILED
CLERK OF DISTRICT COURT
DIVISION OF CORPORATION
04 MAR -3 PM 12:12

DO NOT WRITE IN THIS SPACE



01232004 No Chg-P CR2E034 (10/03)

4. FEI Number
03-0463628

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAKER, PETER
500 E. KENNEDY BLVD.
SUITE 101 C
TAMPA, FL 33602

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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, 2004 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
D
SAAVEDRA, CARLA J
2810 OLD BAYSHORE WAY
TAMPA, FL 33611

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

200029527762
03/01/04--01004--005 **150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 another like empowered.

SIGNATURE:

Carla J. Saavedra
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/04
Date

(813)263-4090
Daytime Phone #