


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State


03-06-2008 90036 002 ***150.00

DOCUMENT # P02000066718 1. Entity Name BAYKAY, INC.	
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Principal Place of Business 6568 EXETER COURT SEMINOLE, FL 33772	Mailing Address 6568 EXETER COURT SEMINOLE, FL 33772
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DO NOT WRITE IN THIS SPACE

90036002



02262008 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0715642	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

YEATES, KATHERINE A
 6568 EXETER COURT
 SEMINOLE, FL 33772

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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, 2008 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	P YEATES, KATHERINE A 6568 EXETER COURT SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST YEATES, BRIAN A 6568 EXETER COURT SEMINOLE, FL 33772
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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Brian A. Yeates Brian A. Yeates 2-26-08 727-393-1039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #