

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000081501

Entity Name: BAY AREA MARINE INC.

FILED
Feb 28, 2007
Secretary of State

Current Principal Place of Business:

P.O. BOX 5078
GROVE CITY, FL 34224

New Principal Place of Business:

10164 STONECROP AVENUE
ENGLEWOOD, FL 34224

Current Mailing Address:

P.O. BOX 5078
GROVE CITY, FL 34224

New Mailing Address:

10164 STONECROP AVENUE
ENGLEWOOD, FL 34224

FEI Number: 22-3867334

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIPPIN III, CHUCK O PD
121 HOURGLASS DRIVE
VENICE, FL 34293 US

Name and Address of New Registered Agent:

PIPPIN III, CHARLES O PD
10164 STONECROP AVENUE
ENGLEWOOD, FL 34224 US

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.

SIGNATURE: CHARLES O. PIPPIN III

02/28/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PIPPIN, CHUCK
Address: P.O. BOX 5078
City-St-Zip: GROVE CITY, FL 34224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PIPPIN III, CHARLES O PD
Address: 10164 STONECROP AVENUE
City-St-Zip: ENGLEWOOD, FL 34224

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES O. PIPPIN III

PD

02/28/2007

Electronic Signature of Signing Officer or Director

Date