

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 08:00 AM
Secretary of State

DOCUMENT # VP RP PP PA PR ER <i>P2000090262</i>											
1. Entity Name BAYOU BAY SPORTS COMPANY											
Principal Place of Business 10308 WELBECK COURT TAMPA, FL 33626		Mailing Address 10308 WELBECK COURT TAMPA, FL 33626									
DO NOT WRITE IN THIS SPACE		<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">VPR</td> <td style="text-align: center;">ARRRR</td> <td style="text-align: center;">ERANA</td> <td style="text-align: center;">P,</td> </tr> <tr> <td style="text-align: center;">01172005</td> <td style="text-align: center;">No Chg-P</td> <td colspan="2" style="text-align: center;">CR2E034 (10/03)</td> </tr> </table>		VPR	ARRRR	ERANA	P,	01172005	No Chg-P	CR2E034 (10/03)	
VPR	ARRRR	ERANA	P,								
01172005	No Chg-P	CR2E034 (10/03)									
4. FEI Number 13-4208230		<table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">Applied For</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable						
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 TULLO, ANDREA T 2202 N. WESTSHOR BLVD. SUITE 200 TAMPA, FL 33607									
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.		DO NOT WRITE IN THIS SPACE									
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating)</small>		DATE _____									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees									
10. OFFICERS AND DIRECTORS											
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAVENNA, SETH 10308 WELBECK CT. TAMPA, FL 33626										
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAVENNA, ILEANA 10308 WELBECK CT. TAMPA, FL 33626										
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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)(i), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<div style="display: flex; justify-content: space-between;"> <i>1/20/05</i> <i>813-792-5345</i> </div>									