


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90351 043 ***150.00

DOCUMENT # P02000095806

1. Entity Name
BAY AREA SURVEILLANCE INC.



Principal Place of Business Mailing Address
 10336 WALTON STREET P. O. BOX 6145
 SPRING HILL, FL 34608 US SPRING HILL, FL 34611 US

2. Principal Place of Business 3. Mailing Address
6197 Deltona Blvd Suite, Apt. #, etc.

City & State City & State
Spring Hill FL Zip Country


6. Name and Address of Current Registered Agent
GENTILE, MICHAEL S
 10336 WALTON ST.
 SPRING HILL, FL 34608

4. FEI Number
54-2075818

Applied For
 Not Applicable

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

03282006 Chg-P CR2E034 (11/05)



7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
12303 Robina Rd
 City **Weeki Wachee** **FL** Zip Code **34614**

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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GENTILE, MICHAEL S	
STREET ADDRESS	10336 WALTON ST.	
CITY-ST-ZIP	SPRING HILL, FL 34608	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CASTIGNOLI, DAWN	
STREET ADDRESS	10336 WALTON ST.	
CITY-ST-ZIP	SPRING HILL, FL 34608	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12303 Robina Rd	
CITY-ST-ZIP	Weeki Wachee, FL 34614	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12303 Robina Rd	
CITY-ST-ZIP	Weeki Wachee, FL 34614	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 *Michael S. Gentile* **MICHAEL S GENTILE** Date **4/3/06** Daytime Phone # **352-597-2120**