2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 08:00 AM
Secretary of State

ANNUAL REPORT				Secretary of State			
1. Entity Nan	MENT # P02000 ne BAY DESIGN AND FINI			Secreta	iry or State		
{							
1 '	ce of Business MERCE STREET, #A 33616	Mailing Address 5114 COMMERCE STREET, # TAMPA, FL 33616	RCE STREET, #A				
				(11811)			
				1 188888 8	(
				04182006	No Chg-P	CR2E034 (11/05)	
Ł	OO NOT WRI	CE	4. FEI Numb		Applied Far		
				55-080	of Status Desired	Not Applicate \$8.75 Additional	
<u> </u>	6. Name and Address of Ci	urrent Registered Agent	- 	J. Cermicale	Of Status Desirad	Fee Required	
WOOTEN			7				
WOOTEN, PAUL D 3306 SHAMROCK ROAD				DO	NOT W	RITE	
TAMPA., FL 33616			IN THIS SPACE				
1							
	a named entity submits this statentions of registered agent.	nent for the purpose of changing its registe	ered affice ar registe	red agent, or bo	th, in the State of Flo	rida. I am familiar with, and accep	
_	•						
SIGNATURE . Signature typed or printed name of registered agent and title if explicable. (NOTE: flagistered Agent sign				gnature required when reinstaining) DATE			
FIL After M	E NOW!!! FEE IS \$150.0 ay 1, 2006 Fee will be \$	9. Election Campaign Fin 550.00 Trust Fund Contribution	~ _ *-	.00 May Be led to Fees			
10.	·	AND DIRECTORS					
TITLE NAME	WOOTEN, PAUL	-	1				
STREET ADDRESS	3306 SHAMROCK ROAD				U 0000	0561041	
CITY-ST-ZIP	TAMPA, FL 33616	-	-		05/18/06	0561041 1-80065-085.150.00	
NAME	}		1			·	
STREET ADORESS CITY-ST-Zip			1				
DILE							
NAME STREET ADDRESS				50	NOT W	CITE	
CITY-S1-2IP				DO NOT WRITE			
TSTLE NAME				IN.	this sp	PACE	
STREET ADDRESS							
TITLE			-1				
NAME							
STREET ADDRESS CITY-ST-ZIP							

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information inclicated on this report or supplierhental 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:

TITLE MAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

LAS. 29 April 06
Deta Department of Departme