

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000120576

FILED
Apr 26, 2006
Secretary of State

Entity Name: BAYSIDE FINANCIAL CORPORATION

Current Principal Place of Business:

202 MARINA DRIVE
PORT SAINT JOE, FL 32456 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1238
PORT SAINT JOE, FL 32457 US

New Mailing Address:

FEI Number: 74-3069964 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IGLER & DOUGHTERY, P.A.
2457 CARE DR
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JOHNSON, JAMES G
Address: 212 GAUTIER MEMORIAL WAY
City-St-Zip: PORT SAINT JOE, FL 32456

Title: DS () Delete
Name: SMITH, JASPER L
Address: 905 MONUMENT
City-St-Zip: PORT SAINT JOE, FL 32456

Title: D () Delete
Name: BUZZETT, WILLAM R
Address: 101 20TH STREET
City-St-Zip: PORT SAINT JOE, FL 32456

Title: DT () Delete
Name: SHOAF, STUART
Address: 1902 MONUMENT
City-St-Zip: PORT SAINT JOE, FL 32456

Title: D () Delete
Name: DUREN, GEORGE
Address: 100 DUPONT
City-St-Zip: PORT SAINT JOE, FL 32456

Title: D () Delete
Name: COSTIN, CHARLES
Address: 413 WILLIAMS AVENUE
City-St-Zip: PORT SAINT JOE, FL 32456

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAMES G JOHNSON

PRES

04/26/2006

Electronic Signature of Signing Officer or Director

_____ Date