2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007
Secretary of State

DOCUMENT# P02000120576

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 (X)**

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
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
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 04/04/2007

Electronic Signature of Signing Officer or Director Date