

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90025 050 \*\*\*150.00

**DOCUMENT # P02000126067**



1. Entity Name  
**BAY MACK GROUP, INC.**

Principal Place of Business  
**2408 E. MLK BLVD.  
TAMPA FL 33610-7620**

Mailing Address  
**2408 E. MLK BLVD.  
TAMPA FL 33610-7620**



2. Principal Place of Business - No P.O. Box #

**1401 W. Spencer Street**  
Suite, Apt. #, etc.  
**Plant City, Florida**  
City & State

3. Mailing Address

**1401 W. Spencer Street**  
Suite, Apt. #, etc.  
**Plant City, Florida**  
City & State

1st MOORE

CR2E034 (10/06)

4. FEI Number **03-0495864**

☐ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

Zip **33563-1731**

Country **Hillsborough**

Zip **33563-1731**

Country **Hillsborough**

6. Name and Address of Current Registered Agent

**GIBBONS, GARY A  
3321 HENDERSON BLVD  
TAMPA FL 33609**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **SNELL, WILLIE A**  
STREET ADDRESS **2408 E. MLK BLVD.**  
CITY ST ZIP **TAMPA FL 33610-7620**

TITLE **S** ☐ Delete  
NAME **SNELL, MARY E**  
STREET ADDRESS **2408 E. MLK BLVD.**  
CITY ST ZIP **TAMPA FL 33610-7620**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition  
NAME **Snell, Willie A.**  
STREET ADDRESS **1401 W. Spencer St**  
CITY ST ZIP **Plant City, Florida 33563-1731**

TITLE **S** ☒ Change ☐ Addition  
NAME **Snell, Mary E.**  
STREET ADDRESS **1401 W. Spencer St.**  
CITY ST ZIP **Plant City, Florida 33563-1731**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Change ☐ 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 Section 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:

*Willie A. Snell* Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #