

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000135053

1. Entity Name
BAY TRANSPORTATION SERVICES, INC.



Principal Place of Business
**7792 PROFESSIONAL PLACE, B
TAMPA, FL 33637**

Mailing Address
**7792 PROFESSIONAL PLACE, B
TAMPA, FL 33637**



03212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 92-0178995	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**THOMPSON, CORY
1126 HARDWOOD DR.
VALRICO, FL 33594**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**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

000000479101
04/08/06-80031-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	THOMPSON, ALAN
STREET ADDRESS	10619 WALTER HUNTER
CITY-ST-ZIP	LITHIA, FL 33547

TITLE	VP
NAME	THOMPSON, CORY
STREET ADDRESS	1126 HARDWOOD DR.
CITY-ST-ZIP	VALRICO, FL 33594

TITLE	S
NAME	THOMPSON, NANCY
STREET ADDRESS	10619 WALTER HUNTER
CITY-ST-ZIP	LITHIA, FL 33547

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 Cory Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/06
Date

813 984 8448
Daytime Phone #