


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000135458
 1. Entity Name
BAY MANAGEMENT OF BONITA SPRINGS, INC.



Principal Place of Business Mailing Address
 P.O. BOX 369 P.O. BOX 369
 BONITA SPRINGS, FL 34133 BONITA SPRINGS, FL 34133



03142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **11-3668130** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 TUYLS, JOSHUA J
 3645 BONITA BEACH BLVD.
 SUITE 3
 BONITA SPRINGS, FL 34134

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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 _____ DATE _____
Print or typed or printed name of registered agent and title, if applicable. NOTE: Registered Agent signature required when capitalizing.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

000000326816
 04/25/05-80013-007 158 75

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY ST ZIP | DP TAYLS, JOSHUA J PO BOX 369 BONITA SPRINGS, FL 34133 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: JOSHUA J TUYLS *Joshua J. Tuyls* 4-11-05 (237) 992-8833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #