

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90402 031 \*\*\*150.00

**DOCUMENT # P02850**

1. Entity Name

BAYSIDE AGRICULTURAL, INC.



Principal Place of Business

BAYSIDE AGRICULTURAL, INC  
 2417 CRANBERRY HWY  
 WAREHAM MA 02571  
 US

Mailing Address

BAYSIDE AGRICULTURAL, INC  
 2417 CRANBERRY HWY  
 WAREHAM MA 02571  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE CR2E034 (11/03)

4. FEI Number **04-2595638**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

B. 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**  Delete  
 NAME **MARJORIE E. BEATON**  
 STREET ADDRESS **118 PICKENS ST.**  
 CITY-ST-ZIP **LAKEVILLE MA**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **CHARLES J. DIRIENZO II**  
 STREET ADDRESS **12 SALT MARSH LN.**  
 CITY-ST-ZIP **WAREHAM MA**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TC**  Delete  
 NAME **DIRIENZO, CHRISTINE B.**  
 STREET ADDRESS **SALT MARSH LANE**  
 CITY-ST-ZIP **WAREHAM MA**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **BEATON, KENNETH D.**  
 STREET ADDRESS **LITTLE HARBOR ROAD**  
 CITY-ST-ZIP **WAREHAM MA**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **BEATON, MARJORIE L**  
 STREET ADDRESS **LITTLE HARBOR RD**  
 CITY-ST-ZIP **WAREHAM MA**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD**  Delete  
 NAME **BEATON, PETER D**  
 STREET ADDRESS **9 ELDERS POND ROAD**  
 CITY-ST-ZIP **LAKEVILLE MA**

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 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: Peter D. Beaton **PETER D. BEATON, PRESIDENT** 4/1/04 (508) 295-2222  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #