

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02850

FILED
Mar 20, 2008
Secretary of State

Entity Name: BAYSIDE AGRICULTURAL, INC.

Current Principal Place of Business:

BAYSIDE AGRICULTURAL, INC
2417 CRANBERRY HWY
WAREHAM, MA 02571 US

New Principal Place of Business:

Current Mailing Address:

BAYSIDE AGRICULTURAL, INC
2417 CRANBERRY HWY
WAREHAM, MA 02571 US

New Mailing Address:

FEI Number: 04-2595638 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: TCD () Delete
Name: BEATON-KANE, MARJORIE E
Address: 45 SOUTH KINGMAN ST
City-St-Zip: LAKEVILLE, MA 02347

Title: D () Delete
Name: BEATON, MICHELLE L
Address: 20 BUENA VISTA AVE
City-St-Zip: ASSONET, MA 02702

Title: D () Delete
Name: BEATON, KENNETH D
Address: 10 LITTLE HARBOR ROAD
City-St-Zip: WAREHAM, MA 02571

Title: D () Delete
Name: BEATON, MARJORIE L
Address: 10 LITTLE HARBOR ROAD
City-St-Zip: WAREHAM, MA 02571

Title: PD () Delete
Name: BEATON, PETER D
Address: 9 ELDERS POND ROAD
City-St-Zip: LAKEVILLE, MA 02347

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:

I hereby certify that the information supplied with this filing does not qualify 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: MARJORIE E. BEATON-KANE

TCD

03/20/2008

Electronic Signature of Signing Officer or Director

_____ Date