

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 FEB -2 PM 1:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P03000001730**

1. Entity Name  
**BAYVIEW FLOORING & INTERIORS, INC.**



Principal Place of Business  
**7510 NAVARRE PARKWAY  
NAVARRE, FL 32566**

Mailing Address  
**7510 NAVARRE PARKWAY  
NAVARRE, FL 32566**

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country



01262007 Chg-P CR2E034 (12/06)

4. FEI Number  
**75-3091610**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**BLACK, EUBY  
7510 NAVARRE PARKWAY  
NAVARRE, FL 32566**

7. Name and Address of New Registered Agent  
Name **Deborah Black**  
Street Address (P.O. Box Number is Not Acceptable)  
**7510 Navarre Parkway**  
City **Navarre** FL Zip Code **32566**

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 **Deborah Black** DATE **1/29/07**

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

Amended AR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P BLACK, EUBY 7510 NAVARRE PARKWAY NAVARRE, FL 32566</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/VP/T DEBORAH BLACK 7510 NAVARRE PARKWAY NAVARRE, FL 32566</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BLACK, DAVID 7510 NAVARRE PARKWAY NAVARRE, FL 32566</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T BLACK, KIM 7510 NAVARRE PKWY NAVARRE, FL 32566</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S KIM BLACK 7510 NAVARRE PARKWAY NAVARRE, FL 32566</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BLACK, EUBY J 7510 NAVARRE PKWY. NAVARRE, FL 32566</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>400088288464 02/14/07--01011--019 **\$61.25</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>B 2/5/07</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Deborah Black** DATE **1/29/07** 850-439-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR