


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90049 004 ***150.00

DOCUMENT # P03000020267 1. Entity Name BAY BUILDING SYSTEMS, INC.																													
Principal Place of Business 18509 AVOCET DRIVE LUTZ, FL 33549-2704			Mailing Address 18509 AVOCET DRIVE LUTZ, FL 33549-2704																										
2. Principal Place of Business 4102 SPARROW CT. Suite, Apt. #, etc.		3. Mailing Address 4102 SPARROW CT. Suite, Apt. #, etc.																											
City & State LUTZ, FL Zip 33558		City & State LUTZ, FL Zip 33558		4. FEI Number 83-0356527																									
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent BAILEY, SAMUEL M 18509 AVOCET DRIVE LUTZ, FL 33549-2704			7. Name and Address of New Registered Agent Name SAMUEL M. BAILEY Street Address (P.O. Box Number is Not Acceptable) 4102 SPARROW CT. City LUTZ State FL Zip Code 33558																										
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 <u><i>Samuel M. Bailey</i></u> PRES. 3-4-04 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
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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: <u><i>Samuel M. Bailey</i></u> SAMUEL M. BAILEY 3-4-04 (813) 269-2157 <small>(Signature and typed or printed name of signing officer or director Date Daytime Phone #)</small>																													