

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

02-21-2005 90087023 ---150.00
P03000028342

FILED

05 MAR 14 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/04)

DOCUMENT # P03000028342 1. Entity Name BAY CITY VENDING, INC.			
Principal Place of Business 6680 22 ST N ST PETE FL 33702		Mailing Address 6680 22 ST N ST PETE FL 33702	
2. Principal Place of Business 8401 9th St. N. Suite, Apt. #, etc. Ste B340 City & State St. Petersburg, FL Zip 33702		3. Mailing Address 8401 9th Street N Suite, Apt. #, etc. Ste. Petersburg, FL City & State Ste. B-340 Zip 33702 Country USA	
4. FEI Number 03-0510695		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent OUTWATER, SHARON 6680 22 ST N ST PETE FL 33702	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8401 9th St. N., Ste. B-340 City St Petersburg FL Zip Code 33702		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agents signature required when reconstituting)</small>		DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete OUTWATER, SHARON 6680 22 ST N ST PETE FL 33702	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GARY OUTWATER, GARY 8401 9th St. N., Ste B340 ST. Petersburg, FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete Gary Outwater 6680 22 ST N ST PETE FL 33702	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	<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	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 I am empowered.			
SIGNATURE:		GARY OUTWATER 15 FEB 05 727. 521. 4651	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	