


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

07-08-2004 90191 033 \*\*\*150.00  
P03000039135

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # P03000039135	
1. Entity Name BAYSIDE COATINGS, INCORPORATED	

Principal Place of Business 17550 2 ST EAST REDOMGTPM BEACH SHORES, FL 33708	Mailing Address 17550 2 ST EAST REDOMGTPM BEACH SHORES, FL 33708
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2. Principal Place of Business	3. Mailing Address 17550-2nd Street East
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Redington Shores	City & State Redington Shores
Zip	Country



07062004 Chg-P CR2E034 (10/03)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HAGEN, BRUCE S. 17550 2 ST EAST REDOMGTPM BEACH SHORES, FL 33708	7. Name and Address of New Registered Agent Name: Steffenhagen, Bruce H. Street Address (P.O. Box Number is Not Acceptable): 17550 - 2nd Street East City: Redington Shores, FL Zip Code: 33708
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Steffenhagen HAGEN, BRUCE S. 17550 2 ST EAST Redington REDOMGTPM BEACH SHORES, FL 33708 <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	D Steffenhagen HAGEN, ROBERT S. 17550 2 ST EAST Redington REDOMGTPM BEACH SHORES, FL 33708 <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
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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 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 empowers.

SIGNATURE: \_\_\_\_\_ 7/06/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # \_\_\_\_\_

7113 20