2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000052883

1. Entity Name
BAYPORT FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
28471 US HWY 19 N STE 503 CLEARWATER, FL 33761 US	28471 US HWY 19 N STE 503 CLEARWATER, FL 33761 US

DO NOT WRITE IN THIS SPACE

04202007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
03-0517851	Not Applicable

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

6. Name and Address of Current Registered Agent

WILKEY, DOUGLAS D
28471 US HWY 19 N
STE 503
CLEARWATER, FL 33761

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	WILKEY, DOUGLAS D
STREET ADDRESS	1550 PATRICIA AVENUE
CITY-ST-ZIP	DUNEDIN, FL 34698

U00000722043
05/02/07-80015-023 150.00

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Douglas D Wilkey_ Douglas P Wilkey 4/20/07 727 723-2232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #