

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90219 031 ***150.00

DOCUMENT # P03000059183

1. Entity Name
BAY COMPUTERS, INC.



Principal Place of Business
**6572 SEMINOLE BLVD.
SEMINOLE, FL 33772 US**

Mailing Address
**6572 SEMINOLE BLVD.
SEMINOLE, FL 33772 US**

20043070



03052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **83-0359156** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DUNNE, JOHN P
10833 70TH AVE N
SEMINOLE, FL 33772**

**DO NOT WRITE
IN THIS SPACE**

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

4/19/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	BLAIN, William C.
STREET ADDRESS	APPLE, WILLIAM A
CITY-ST-ZIP	12170 88TH AVE SEMINOLE, FL 33772
TITLE	TREA
NAME	BLAIN, WILLIAM C
STREET ADDRESS	12170 88TH AVE
CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	SEC
NAME	DUNNE, JOHN
STREET ADDRESS	10833 70TH AVE N
CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

WILLIAM C. BLAIN

4/17/05

Date

Daytime Phone #