

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 17, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P03000061400**

**1. Entity Name  
BAY SHORES COMMERCIAL CLEANING, INC.**



**Principal Place of Business  
13733 RUDI LOOP  
SPRING HILL, FL 34609 US**

**Mailing Address  
13733 RUDI LOOP  
SPRING HILL, FL 34609 US**



04122006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
20-0047631** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**NESSLER, PAUL H JR.  
10002 CORTEZ BOULEVARD  
SPRING HILL, FL 34613**

**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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**  
DP  
FAY, TOMMY M  
13733 RUDI LOOP  
SPRING HILL, FL 34609

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**  
DVP  
FAY, PAMELA S  
13733 RUDI LOOP  
SPRING HILL, FL 34609

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**  
ST  
FAY, PAMELA S  
13733 RUDI LOOP  
SPRING HILL, FL 34609

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

U00000510699  
04/29/06-80019-006 150.00

**DO NOT WRITE  
IN THIS SPACE**

**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:**

*Pamela S. Fay* Pamela S. Fay

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/2006 352688885

Date

Daytime Phone #