

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90067 045 ***158.75

DOCUMENT # P03000069565

1. Entity Name

BAY TO BAY CONTRACTING, INC.



Principal Place of Business

**6703 28TH AVENUE EAST
BRADENTON FL 34208**

Mailing Address

**6703 28TH AVENUE EAST
BRADENTON FL 34208**

2. Principal Place of Business

6703 28TH AVENUE E.

3. Mailing Address

Suite, Apt. #, etc.

SAME

City & State

BRON FL

City & State

SAME

Zip

34208

Country

USA

Zip

Country

4. FEI Number

51-0468251

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VENTRIGLIA, MARK A
6703 28TH AVENUE EAST
BRADENTON FL 34208**

7. Name and Address of New Registered Agent

Name
MARK A. VENTRIGLIA

Street Address (P.O. Box Number is Not Acceptable)

SAME AS ABOVE

City

FL

Zip Code

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]

Signature, typed or printed name of registered agent and is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/27/05

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
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	OP	<input type="checkbox"/> Delete
NAME	VENTRIGLIA, MARK	
STREET ADDRESS	6703 28TH AVE E	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

MARK A. VENTRIGLIA *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/05

Date

941 737 3527

Daytime Phone #