

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000069944

FILED
Feb 27, 2005
Secretary of State

Entity Name: BAY AREA RESIDENTIAL CONSULTANTS, INC.

Current Principal Place of Business:

780 W. LUMSDEN RD
SUITE A
BRANDON, FL 33511

New Principal Place of Business:

12014 PENNFIELD PLACE
RIVERVIEW, FL 33569

Current Mailing Address:

12014 PENNFIELD PLACE
RIVERVIEW, FL 33569

New Mailing Address:

FEI Number: 20-0062859 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VEGA, SANDRA M
12014 PENNFIELD PLACE
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VEGA, ALFREDO A
Address: 12014 PENNFIELD PLACE
City-St-Zip: RIVERVIEW, FL 33569

Title: SD () Delete
Name: VEGA, SANDRA M
Address: 12014 PENNFIELD PLACE
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALFREDO A. VEGA

PD

02/27/2005

Electronic Signature of Signing Officer or Director

_____ Date