## 2008 FOR PROFIT CORPORATION

## **FILED** Feb 28, 2008 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P03000124591 1. Entity Name JOHN BAYERS, INC. Principal Place of Business Mailing Address 1843 NEVADA AVE NE 1843 NEVADA AVE NE ST PETERSBURG, FL 33703 ST PETERSBURG, FL 33703 02182008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0322830 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BAYERS, JOHN 1843 NEVADA AVE NE ST PETERSBURG, FL 33703 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS NAME BAYERS, JOHN STREET ADDRESS 1843 NEVADA AVE NE CITY-ST-ZIP ST PETERSBURG, FL 33703 . U000000843280 .03/11/08-80063-015-150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITI F IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not of indicated on this report or supplemental report is true and accurate a of the corporation or the receiver or trustee empowered to execute the corporation of the receiver or trustee. changed, or on an attachment with an address, with all other like e

scontained in Chapter 119, Florida Statutes. I further certify that the information shall have the same legal effect as if made under oath; that I am an officer or director dby Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY-ST-ZIP

JOHN BALSES

ಪಟ್ಟಿಕಾರ್ ಪ್ರಕೃತಿ