


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90202 026 \*\*\*150.00

<b>DOCUMENT # P03000126214</b> 1. Entity Name <b>BAY PAVERS, INC.</b>																																																																																																																																			
Principal Place of Business <b>115 112TH AVE. N.E. APT. # 423 ST. PETERSBURG, FL 33716</b>			Mailing Address <b>115 112TH AVE. N.E. APT. # 423 ST. PETERSBURG, FL 33716</b>																																																																																																																																
2. Principal Place of Business <b>12201 Timberlake Rd</b>		3. Mailing Address <b>12201 Timberlake Rd</b>																																																																																																																																	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																																																																																																																	
City & State <b>Riverview FL</b>		City & State <b>Riverview FL</b>		4. FEI Number <b>31-1824410</b>																																																																																																																															
Zip <b>33569</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable																																																																																																																															
Zip <b>33569</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required																																																																																																																															
6. Name and Address of Current Registered Agent  <b>THOMAS, MAUREEN H 115 112TH AVE. N.E. APT. # 423 ST. PETERSBURG, FL 33716</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) <b>12201 Timberlake Rd</b> City <b>Riverview</b> <b>FL</b> Zip Code <b>33569</b>																																																																																																																																
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 <u><i>Maureen H. Thomas</i></u> <span style="float: right;">4/26/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td><b>CABRAL, MARCELO M</b></td> <td></td> <td>NAME</td> <td><b>12201 Timberlake Rd</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>115 112TH AVE. N.E. #423</b></td> <td></td> <td>STREET ADDRESS</td> <td><b>Riverview FL 33569</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>ST. PETERSBURG, FL 33716</b></td> <td></td> <td>CITY-ST-ZIP</td> <td><b>Riverview FL 33569</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td><b>THOMAS, MAUREEN H</b></td> <td></td> <td>NAME</td> <td><b>12201 Timberlake Rd</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>115 112TH AVE. N.E. APT. # 423</b></td> <td></td> <td>STREET ADDRESS</td> <td><b>Riverview FL 33569</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>ST. PETERSBURG, FL 33716</b></td> <td></td> <td>CITY-ST-ZIP</td> <td><b>Riverview FL 33569</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	<b>CABRAL, MARCELO M</b>		NAME	<b>12201 Timberlake Rd</b>		STREET ADDRESS	<b>115 112TH AVE. N.E. #423</b>		STREET ADDRESS	<b>Riverview FL 33569</b>		CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33716</b>		CITY-ST-ZIP	<b>Riverview FL 33569</b>		TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	<b>THOMAS, MAUREEN H</b>		NAME	<b>12201 Timberlake Rd</b>		STREET ADDRESS	<b>115 112TH AVE. N.E. APT. # 423</b>		STREET ADDRESS	<b>Riverview FL 33569</b>		CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33716</b>		CITY-ST-ZIP	<b>Riverview FL 33569</b>		TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: <u><i>Maureen H. Thomas</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>4/26/05</u> Daytime Phone # <u>727 543 2510</u>																																																																																																																															