

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004 8:00 am
Secretary of State

02-13-2004 90009 014 ***158.75

DOCUMENT # P03000129214

1. Entity Name
BAY AREA MARINE SURVEYING, INC.



Principal Place of Business
**502 BAHIA BEACH BLVD.
RUSKIN, FL 33570**

Mailing Address
**P.O. BOX 1354
RUSKIN, FL 33575**

54006037



02062004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-3134063

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CRITTENDEN, DAVID W JR.
4951 TIMBER WAY
ZEPHYRHILLS, FL 33542**

7. Name and Address of New Registered Agent

Name

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

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE: CPST
NAME: GINDER, DANIEL J ☐ Delete
STREET ADDRESS: 502 BAHIA BEACH BLVD.
CITY-ST-ZIP: RUSKIN, FL 33570

TITLE: D
NAME: GINDER, DANIEL J ☐ Delete
STREET ADDRESS: 502 BAHIA BEACH BLVD.
CITY-ST-ZIP: RUSKIN, FL 33570

TITLE: VD
NAME: GINDER, JENNIFER E ☐ Delete
STREET ADDRESS: 502 BAHIA BEACH BLVD.
CITY-ST-ZIP: RUSKIN, FL 33570

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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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:

Daniel J. Ginder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL J. GINDER

2/6/04

(813)645-7415

Date

Daytime Phone #