

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000131564**

1. Entity Name  
**BAY COUNTY GASCO, INC.**



Principal Place of Business  
**1605 1ST ST  
SOUTHPORT, FL 32409**

Mailing Address  
**1605 1ST ST  
SOUTHPORT, FL 32409**



01272006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**56-2411947**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SPENCE, THOMAS W  
1605 1ST ST  
SOUTHPORT, FL 32409**

**DO NOT WRITE  
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 fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	SPENCE, THOMAS W
STREET ADDRESS	1605 1ST. ST.
CITY- ST- ZIP	SOUTHPORT, FL 32409
TITLE	V
NAME	SPENCE, THOMAS J
STREET ADDRESS	1605 1ST. ST.
CITY- ST- ZIP	SOUTHPORT, FL 32409
TITLE	S
NAME	SPENCE, PEGGY I
STREET ADDRESS	1605 1ST. ST.
CITY- ST- ZIP	SOUTHPORT, FL 32409
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000485320  
04/12/06-80080-004 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 807, 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:** Thomas W. Spence **3-28-06** **850-271-1051**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #