


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000144189
1. Entity Name
DANIEL E. BAYS CONSTRUCTION, INC.



Principal Place of Business Mailing Address
9554 CR 747 PO BOX 1192
WEBSTER, FL 33597 BUSHNELL, FL 33513

DO NOT WRITE IN THIS SPACE

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01132006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
52-2421711 Not Applicable

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

6. Name and Address of Current Registered Agent

BAYS, DANIEL E
9554 CR 747
WEBSTER, FL 33597

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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 _____ (NOTE: Registered Agent signature required when re-issuing) _____ 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

000000389495
01/20/06-80048-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BAYS, DANIEL E
STREET ADDRESS	9554 CR 747
CITY-ST-ZIP	WEBSTER, FL 33597
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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 E. Bays Daniel E. Bays 1-12-06 352-793-6832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #