

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2008 8:00 am
Secretary of State

06-24-2008 90001 001 ***150.00

DOCUMENT # P03000147557

1. Entity Name
DBA BAY AUTO INSURANCE INC.



Principal Place of Business
1407 OHIO AVE
LYNN HAVEN, FL 32444

Mailing Address
1407 OHIO AVE
LYNN HAVEN, FL 32444

40109040



04292008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

1614 Ohio Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lynn Haven, FL

City & State

Lynn Haven, FL

Zip

32444

Country

USA

Zip

32444

Country

USA

4. FEI Number
54-2142768

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CHALKER, KATHREEN
1407 OHIO AVE
LYNN HAVEN, FL 32444

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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE DP
NAME CHALKER, KATHREEN
STREET ADDRESS 1407 OHIO AVE
CITY-ST-ZIP LYNN HAVEN, FL 32444

TITLE S
NAME MELTON, DON
STREET ADDRESS 1407 OHIO AVE
CITY-ST-ZIP LYNN HAVEN, FL 32444

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 1614 Ohio Ave
CITY-ST-ZIP Lynn Haven, FL 32444

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STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-08 88271-5111