## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000154366

NAPLES, FL 34108

City-St-Zip:

THE BAYOUGHE COFFEE COMPANY

FILED Jul 06, 2005 Secretary of State

Entity Nan	ne: THE BAYS	HORE COFFEE COMPANY					
Current Pi	rincipal Place	of Business:	New Prince	New Principal Place of Business:			
3570 BAYS NAPLES, F							
Current M	ailing Address	:	New Maili	New Mailing Address:			
3570 BAYS NAPLES, F							
FEI Number:	20-0513357	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Des	ired ( )	
Name and	Address of Cu	ırrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
MEYERS, JAMIN J 770 97TH AVE. N NAPLES, FL, FL 34108 US			MEYERS, JAMIN J 3275 TAMARA DRIVE 5 NAPLES, FL, FL 34109 US				
The above in the State		ubmits this statement for the pu	urpose of changing i	its registered	office or registered ager	ıt, or both,	
SIGNATUR	RE:			07/06/2005			
Election Can		Signature of Registered Age	nt		Date		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	P ( ) I BLAIR, DANNY A 149 ERIE DRIVE NAPLES, FL 34		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	CEO () I MEYERS, JAMIN 770 97TH AVE. N NAPLES, FL 34	I	Title: Name: Address: City-St-Zip:	CEO (X MEYERS, JAN 3275 TAMARA NAPLES, FL	A DRIVE #5		
Title: Name: Address: City-St-Zip:	VP ( ) I BLAIR, JESSICA 149 ERIE DRIVE NAPLES, FL 34		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title: Name: Address:	VP () I MEYERS, KIMBE 770 97TH AVE. N		Title: Name: Address:	VP (X MEYERS, KIN 3275 TAMARA			

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

NAPLES, FL 34109

SIGNATURE: JAMIN MEYERS Ρ 07/06/2005