

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000154366

FILED
Sep 30, 2005
Secretary of State

Entity Name: THE BAYSHORE COFFEE COMPANY

Current Principal Place of Business:

3570 BAYSHORE DR
NAPLES, FL 34112

New Principal Place of Business:

Current Mailing Address:

3570 BAYSHORE DR
NAPLES, FL 34112

New Mailing Address:

FEI Number: 20-0513357

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MBC ENTERPRISES, LLC
3330 LAKEVIEW DRIVE
NAPLES, FL, FL 34112 US

Name and Address of New Registered Agent:

BELFORD, TRACY
3330 LAKEVIEW DRIVE
NAPLES, FL, FL 34112 US

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.

SIGNATURE: TRACY BELFORD

09/30/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: BELFORD, TRACY C
Address: 3330 LAKEVIEW DRIVE
City-St-Zip: NAPLES, FL 34110

Title: CEO (X) Delete
Name: MBC ENTERPRISES, LLC,
Address: 3330 LAKEVIEW DRIVE
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BELFORD, TRACY C
Address: 3330 LAKEVIEW DRIVE
City-St-Zip: NAPLES, FL 34110

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: TRACY BELFORD

PRES

09/30/2005

Electronic Signature of Signing Officer or Director

Date