## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000005617

LANE, LIA D

TAMPA, FL 33604

812 W. HOLLYWOOD ST.

Name:

Address: City-St-Zip:

Entity Name: DAY ADEA MANACEMENT

FILED Apr 22, 2005 Secretary of State

Entity Name: BAY AREA MANAGEMENT GROUP, INC **Current Principal Place of Business: New Principal Place of Business:** 812 W. HOLLYWOOD ST. TAMPA, FL 33604 **Current Mailing Address: New Mailing Address:** 812 W. HOLLYWOOD ST. TAMPA, FL 33604 FEI Number: 20-0534136 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LANE, LIA K LANE, LIA D 812 W. HOLLYWOOD ST 812 W. HOLLYWOOD ST TAMPA, FL 33604 TAMPA, FL 33604 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: LIA LANE 04/22/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition LANE, RUSSELL R Name: Name: 812 W. HOLLYWOOD ST. Address: Address: City-St-Zip: TAMPA, FL 33604 City-St-Zip: Title: Title: () Change () Addition () Delete Name: LANE, LIA D Name: 812 W. HOLLYWOOD ST. Address: Address: TAMPA, FL 33604 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: LIA LANE V 04/22/2005