

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000005617

FILED  
Jun 14, 2006  
Secretary of State

Entity Name: BAY AREA MANAGEMENT GROUP, INC

## Current Principal Place of Business:

812 W. HOLLYWOOD ST.  
TAMPA, FL 33604

## New Principal Place of Business:

3717 W. TACON STREET  
TAMPA, FL 33629

## Current Mailing Address:

812 W. HOLLYWOOD ST.  
TAMPA, FL 33604

## New Mailing Address:

3717 W. TACON STREET  
TAMPA, FL 33629

FEI Number: 20-0534136

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LANE, LIA D  
812 W. HOLLYWOOD ST  
TAMPA, FL 33604 US

## Name and Address of New Registered Agent:

LANE, LIA D  
3717 W TACON STREET  
TAMPA, FL 33629 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: LIA LANE

06/14/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LANE, RUSSELL R  
Address: 812 W. HOLLYWOOD ST.  
City-St-Zip: TAMPA, FL 33604

Title: V ( ) Delete  
Name: LANE, LIA D  
Address: 812 W. HOLLYWOOD ST.  
City-St-Zip: TAMPA, FL 33604

Title: S ( ) Delete  
Name: LANE, LIA D  
Address: 812 W. HOLLYWOOD ST.  
City-St-Zip: TAMPA, FL 33604

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LANE, RUSSELL R  
Address: 3717 W TACON STREET  
City-St-Zip: TAMPA, FL 33629

Title: V (X) Change ( ) Addition  
Name: LANE, LIA D  
Address: 3717 W TACON STREET  
City-St-Zip: TAMPA, FL 33629

Title: S (X) Change ( ) Addition  
Name: LANE, LIA D  
Address: 3717 W TACON STREET  
City-St-Zip: TAMPA, FL 33629

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: LIA LANE

VP

06/14/2006

Electronic Signature of Signing Officer or Director

Date