

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # P04000011184

1. Entity Name
BAYSIDE ACOUSTICS, INC.



Principal Place of Business
**2190 RIVER BIRCH RD
GULF BREEZE, FL 32563 US**

Mailing Address
**2190 RIVER BIRCH RD
GULF BREEZE, FL 32563 US**



02282008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0610062

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MAYO, CLIFFORD
2190 RIVER BIRCH RD
GULF BREEZE, FL 32563**

**DO NOT WRITE
IN THIS SPACE**

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**

U000000850811

03/25/08-80018-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SLONE, ROCKY
STREET ADDRESS	4410 GUERLAIN WAY
CITY-STATE-ZIP	PENSACOLA, FL 32505
TITLE	S.T
NAME	MAYO, CLIFFORD
STREET ADDRESS	2190 RIVER BIRCH RD
CITY-STATE-ZIP	GULF BREEZE, FL 32563
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Clifford Mayo

Clifford A. Mayo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/08

Date

850-565-0411

Daytime Phone #