


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000017579	
1. Entity Name BAYWATERS FOOD SERVICE, INC.	

Principal Place of Business 100 2ND AVE. SOUTH SUITE #103 NORTH ST. PETERSBURG, FL 33701 US	Mailing Address 100 2ND AVE. SOUTH SUITE #103 NORTH ST. PETERSBURG, FL 33701 US
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03132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0645456	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PERGOLA, PETER F 5768 STAG THICKET LANE PALM HARBOR, FL 34685

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PERGOLA, PETER F 5768 STAG THICKET LANE PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC PERGOLA, ANGELA M 5768 STAG THICKET LANE PALM HARBOR, FL 34685
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05/05/06-80002-008 150.00

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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: PETER F. PERGOLA *Peter Pergola* 3/14/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #