

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90044 048 \*\*\*150.00

40055009



01112005 Chg-P CR2E034 (10/03)

4. FEI Number **61-1465976** Applied For  
Not Applicable

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

**DOCUMENT # P04000021580**

1. Entity Name  
**BAYPORT PROPERTIES, INC.**



Principal Place of Business  
**3105 BELMORE RD.  
TAMPA, FL 33618**

Mailing Address  
**3105 BELMORE RD.  
TAMPA, FL 33618**

2. Principal Place of Business  
**2805 W. BUSCH BLVD.**

3. Mailing Address  
**same**

Suite, Apt. #, etc.  
**221**

City & State  
**TAMPA, FL**

Zip  
**33618**

Country  
**USA**

6. Name and Address of Current Registered Agent

**GILBERT, DIANE M  
3105 BELMORE RD.  
TAMPA, FL 33618**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE <b>PRESIDENT (DPST)</b>	<input type="checkbox"/> Delete
NAME <b>DIANE M. GILBERT</b>	
STREET ADDRESS <b>3105 BELMORE ROAD</b>	
CITY-ST-ZIP <b>TAMPA, FL 33618</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <b>DPST</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>GILBERT, DIANE M</b>	
STREET ADDRESS <b>3105 BELMORE RD</b>	
CITY-ST-ZIP <b>TAMPA, FL 33618</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: **Diane M. Gilbert** **4/11/2005** **813/350-9395**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #