2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)							
DOCUMENT # P04000036770 1. Entity Name					<u> </u>	_ED	
BAY4 LEASING CORPORATION			19			o nu real	
			Goo I	·	OP HAKE SE	3 PM 1:31	
Principal Place of Business Mailing Address 311 BAYSHORE DR 311 BAYSHORE DR					# 1	TIF STATE	A.
SAFETY HARBOR FL 34695 SAFETY HARBOR FL 34695			~	`	FÁLLAHAGÍ	11 E. F. GRIDI III iii iii ii i iii ii ii	;
<u> </u>			150-ac	,			
2. Principal Place of Business 3031 N Rocky Point Dr. Suite. Apl. #, etc.		3. Mailing Address 2841 COBBLESTONE DR. Suite, Apt. #, etc.				06	
Ste 400				1st MOORE CR2	2E034 (10/05)		
City & State Tampa FL		Prin HARBOR, FL		4. FEI Number 20-0839067	⊢	pplied For ot Applicable	
^{Zip} 336		Zip .	Country		5. Certificate of Status Desired [\$8.75 Add	
330	6. Name and Address of Current	Registered Agent	USA		7. Name and Address of New Regis	Fee Require	30
Notificial Cocanata Consider							
FLORIDA CORPORATE COUNSEL, LLC 101 PHILIPPE PKWY STE 301				Street Address (P.O. Box Number is Not Acceptable)			
SAFETY HARBOR FL 34695							
				City F AC NATE C 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							
FILE NOW!!! FEE 18 \$150.00							
After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State							
10.	OFFICERS AND I	<u> </u>	11.		ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTOR	S IN 11
TITLE	PCEO	☐ Delete	TITLE	Prec		Change	☐ Addition
-	BIDDINGER, CLAY M 311 BAYSHORE DR		NAME STREET ADDRESS		NOVER, CLAY M. I COBBLESTONE DKIV	fz.	
CITY-ST-ZIP	SAFETY HARBOR FL 34695		CITY-ST-ZIP	PAL	MHARBOR, FL 34	684	
TITLE NAME	D BIDDINGER, CLAY M	Delete	TITLE NAME	BIDE	INGER, CLAY M.	☐ Change	☐ Addition
STREET ADDRESS	311 BAYSHORE DR		STREET ADDRESS	284	I COBBLESTONE DR	いしを	
CITY-ST-ZIP	SAFETY HARBOR FL 34695		CITY-ST-ZIP	PAL	M HARBOR, FL 34		
NAME	T LAFFERTY, CHARLES N	☐ Delete	TITLE NAME	1 -	FERTY, CHARLES N	Change	☐ Addition
STREET ADDRESS City-St-ZIP	311 BAYSHORE DR		STREET ADDRESS	303	1 d. ROCKY POINT 1PA FL 33607	DRIVE, STE	. 400
THILE	SAFETY HARBOR FL 34695	☐ Delete	CITY-ST-ZIP	5.	1PA, FL 33607	Change	☐ Addition
NAME	SULLIVAN, CHRISTOPHER R	C Dates	NAME	Suu	WAN CHRISTOPHER	. ik.	
STREET ADDRESS CITY-ST-ZIP	311 BAYSHORE DR SAFETY HARBOR FL 34695		STREET ADDRESS CITY-ST-ZIP	1	CLEVELAND ST., SU ARWATER, FL 33		-2.5
TITLE		☐ Delete	TITLE	CLE	WOOMISK! PC 33	☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				ļ
CITY-ST-ZIP			CITY-ST-ZIP				1
TITLE		☐ Delete	TITLE			Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS		9000 74 327 05/10/060101200	1369 3 **400.00	1
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.							
11/2 M// 2/2/2/ 02 2/2 54							
SIGNATURE: SIGNATURE AND TYPED OR MINTED NAME OF SIGNING OFFICER OR MINETOR SIGNATURE AND TYPED OR MINTED NAME OF SIGNING OFFICER OR MINETOR Date Date							