

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P04000036770

1. Entity Name

BAY4 LEASING CORPORATION



Principal Place of Business

3031 N. ROCKY POINT DRIVE  
SUITE 400  
TAMPA FL 33607

Mailing Address

~~2841 COBBLESTONE DRIVE~~  
~~PALM HARBOR FL 34884~~



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

3031 N Rocky Point Dr W.

Suite, Apt. #, etc.

Ste 400

Tampa, FL

Zip

33607

Country

USA

4. FEI Number 20-0839067

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FLORIDA CORPORATE COUNSEL, LLC  
601 CLEVELAND STREET  
SUITE 501-25  
CLEARWATER FL 33755

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

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, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PCEO ☐ Delete  
NAME: BIDDINGER, CLAY M  
STREET ADDRESS: ~~2841 COBBLESTONE DRIVE~~  
CITY-ST-ZIP: ~~PALM HARBOR FL 34884~~

TITLE: D ☐ Delete  
NAME: BIDDINGER, CLAY M  
STREET ADDRESS: ~~2841 COBBLESTONE DRIVE~~  
CITY-ST-ZIP: ~~PALM HARBOR FL 34884~~

TITLE: T ☐ Delete  
NAME: LAFFERTY, CHARLES N  
STREET ADDRESS: 3031 N. ROCKY POINT DRIVE, SUITE 400  
CITY-ST-ZIP: TAMPA FL 33607

TITLE: S ☐ Delete  
NAME: SULLIVAN, CHRISTOPHER R  
STREET ADDRESS: 601 CLEVELAND STREET, SUITE 501-25  
CITY-ST-ZIP: CLEARWATER FL 33755

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☒ Change ☐ Addition  
NAME:  
STREET ADDRESS: 3031 N Rocky Point Dr. W, Ste 400  
CITY-ST-ZIP: Tampa, FL 33607

TITLE: ☒ Change ☐ Addition  
NAME:  
STREET ADDRESS: 3031 N Rocky Point Dr. W, Ste 400  
CITY-ST-ZIP: Tampa, FL 33607

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS: 500098300715  
CITY-ST-ZIP: 04/24/07--01051--013 \*\*250.00

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS: B 4/24/07  
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.

SIGNATURE:

*Clay M. Biddinger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Clay M. Biddinger

Date

2/13/07 (813) 313-5400

Daytime Phone #

X5423