

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000061566

Entity Name: BYDRIVER INC.

FILED  
Mar 03, 2005  
Secretary of State

## Current Principal Place of Business:

16802 LANDINGS POINTE LANE  
108  
TAMPA, FL 33624 US

## Current Mailing Address:

16802 LANDINGS POINTE LANE  
108  
TAMPA, FL 33624 US

## New Principal Place of Business:

8617 E COLONIAL DRIVE  
1500  
ORLANDO, FL 32817 US

## New Mailing Address:

PO BOX 677040  
ORLANDO, FL 32867 US

FEI Number: 20-0999906

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SENEKAL, DELMAINE  
16802 LANDINGS POINTE LANE  
108  
TAMPA, FL 33624 US

## Name and Address of New Registered Agent:

SENEKAL, DELMAINE MR  
8617 E COLONIAL DRIVE  
1500  
ORLANDO, FL 32867 US

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.

SIGNATURE: DELMAINE SENEKAL

03/03/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SENEKAL, DELMAINE  
Address: 16802 LANDINGS POINTE LANE #108  
City-St-Zip: TAMPA, FL 33624

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SENEKAL, DELMAINE MR  
Address: 8617 E COLONIAL DRIVE  
City-St-Zip: ORLANDO, FL 32817

Title: S ( ) Change (X) Addition  
Name: SENEKAL, ANNA J MRS  
Address: 8617 E COLONIAL DRIVE  
City-St-Zip: ORLANDO, FL 32817

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNA SENEKAL

MRS

03/03/2005

Electronic Signature of Signing Officer or Director

Date