

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # P04000061566

1. Entity Name
BYDRIVER INC.



Principal Place of Business
8617 E COLONIAL DRIVE
1500
ORLANDO, FL 32817 US

Mailing Address
PO BOX 677040
ORLANDO, FL 32867 US

DO NOT WRITE IN THIS SPACE



03072008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0999068

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**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 _____

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000865802
04/08/08-80002-025 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME SENEKAL, DELMAINE MR
STREET ADDRESS 8617 E COLONIAL DRIVE
CITY-ST-ZIP ORLANDO, FL 32817

TITLE S
NAME SENEKAL, ANNA J MRS
STREET ADDRESS 8617 E COLONIAL DRIVE
CITY-ST-ZIP ORLANDO, FL 32817

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELMAINE SENEKAL

03/14/08

DATE

(07) 482 4142

DAYTIME PHONE #