FILED
Jul 09, 2007 8:00 am
Secretary of State
05-18-2007 90024 017 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000076689

1. Entity Name
BAHIA SHORES CONSULTING, INC.

Principal Place of Business	Mailing Address
5113 CTRL AVE ~~FORT LAUDERDALE, FL 33310~~ ST. PETERSBURG, FL 33710	5113 CTRL AVE ~~FORT LAUDERDALE, FL 33310~~ ST. PETERSBURG, FL 33710

66020153

DO NOT WRITE IN THIS SPACE

05012007 No Chg-P CR2E034 (11/05)

4. FEI Number
14-1908422
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GODELS, CHARLES
~~3113 CTRL AVE~~ 5113 Central Ave.
SAINT PETERSBURG, FL 33710

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	GODELS, CHARLES P
STREET ADDRESS	~~5113 CTRL AVE~~ 5113 Central Ave.
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710
TITLE	S
NAME	MARGUERITE, GODELS
STREET ADDRESS	~~5113 CTRL AVE~~ 5113 Central Ave.
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 6/29/07 (727)322-5111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #