

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000089497 1. Entity Name BAYSHORE VILLA'S PROPERTIES, INC.	
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Principal Place of Business 974 GRAND CANAL STREET GULF BREEZE, FL 32563	Mailing Address 974 GRAND CANAL STREET GULF BREEZE, FL 32563
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DO NOT WRITE IN THIS SPACE



04082008 No Chg-P CR2E034 (11/05)

4. FEI Number 61-1473430	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLARK, BAKER
299 FT PICKENS RD
PENSACOLA BCH, FL 32561

**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 reappointing) 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	
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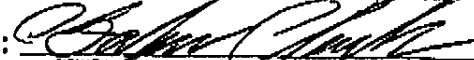
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY, ST, ZIP	DP CLARK, BAKER 299 FT PICKENS RD PENSACOLA BCH, FL 32561
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D COOK, KAREN 731 PENSACOLA BCH BLVD PENSACOLA BCH, FL 32561
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D STONEBRAKER, SCOTT 731 PENSACOLA BCH BLVD PENSACOLA BCH, FL 32561
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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IN THIS SPACE**

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05/15/08-80027-020 150.00

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:  **4-08-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #