


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90382 028 ***150.00

DOCUMENT # P04000108821 1. Entity Name BAHIA SHORES DEVELOPMENT ENTERPRISES, INC.					
Principal Place of Business 770 1ST AVE NORTH ST PETERSBURG, FL 33701			Mailing Address 770 1ST AVE NORTH ST PETERSBURG, FL 33701		
2. Principal Place of Business <i>5113 Central Ave</i>		3. Mailing Address <i>5113 Central Ave</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <i>St. Petersburg FL</i>		City & State <i>St. Petersburg FL</i>		4. FEI Number 01-0818318	
Zip <i>33710</i>		Country <i>FLS</i>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GOODES, CHARLES P. 770 1ST AVE. NORTH SAINT PETERSBURG, FL 33701			7. Name and Address of New Registered Agent Name <i>GOODES (Spelling Correcting)</i> Street Address (P.O. Box Number is Not Acceptable) <i>5113 Central Ave</i> City <i>St. Petersburg</i> FL Zip Code <i>33710</i>		
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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE <i>4/27/06</i>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOODES, CHARLES P 770 1ST AVE NORTH ST PETERSBURG, FL 33701	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD GOODES, MARGUERITE 770 1ST AVE NORTH ST PETERSBURG, FL 33701	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 <i>[Signature]</i> C.P. GOODES <i>4/27/06</i> 727-332-5111 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					