

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000132995

Entity Name: BAYSIDE CABINETS, INC.

FILED  
Apr 16, 2005  
Secretary of State

## Current Principal Place of Business:

2076 SCENIC GULF DRIVE  
#4009  
DESTIN, FL 32550

## Current Mailing Address:

700 VINCA COURT  
ALPHARETTA, GA 30005

## New Principal Place of Business:

161 GOLDSBY RD  
C-1  
SANTA ROSA BEACH, FL 32459

## New Mailing Address:

P.O. BOX 9008  
DESTIN, FL 32550

FEI Number: 56-2479883

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BISHOP, SHERRY  
2076 SCENIC GULF DRIVE  
#4009  
DESTIN, FL 32550 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BISHOP, SHERRY  
Address: 2076 SCENIC GULF DRIVE  
City-St-Zip: DESTIN, FL 32550

Title: VP ( ) Delete  
Name: GREEN, DIANE L  
Address: 15 FIELDSTONE WAY  
City-St-Zip: ALPHARETTA, GA 30005

Title: SEC ( ) Delete  
Name: GREEN, DIANE L  
Address: 15 FIELDSTONE WAY  
City-St-Zip: ALPHARETTA, GA 30005

Title: TREA ( ) Delete  
Name: GREEN, DIANE L  
Address: 15 FIELDSTONE WAY  
City-St-Zip: ALPHARETTA, GA 30005

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SHERRY L. BISHOP

PRES

04/16/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date