

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90301 029 ***158.75

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1. Entity Name

BAYSHORES ALUMINUM CONSTRUCTIONS, INC.



Principal Place of Business

**15 MOONSTONE CIRCLE
NAPLES FL 34112
US**

Mailing Address

**15 MOONSTONE CIRCLE
NAPLES FL 34112
US**



2. Principal Place of Business

4825 Bayshore Dr.

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

NAPLES FL

City & State

Zip

Country

34112

Country

FL

Country

COMB

4. FEI Number

20-2118057

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STAUFFER, RICHARD
15 MOONSTONE CIRCLE
NAPLES FL 34112**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reissuing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D STAUFFER, RICHARD**
STREET ADDRESS **15 MOONSTONE CIRCLE**
CITY-ST-ZIP **NAPLES FL 34112**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **P/D**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **HARMISON, PAUL**
STREET ADDRESS **1223 BAMBASSY LANE**
CITY-ST-ZIP **NAPLES, FL 34104**

TITLE ☐ Change ☒ Addition
NAME **STAUFFER, SANDRA**
STREET ADDRESS **15 MOONSTONE CIRCLE**
CITY-ST-ZIP **NAPLES, FL 34112**

TITLE ☐ Change ☒ Addition
NAME **SOUCY, CAROL**
STREET ADDRESS **1223 BAMBASSY LANE**
CITY-ST-ZIP **NAPLES, FL 34104**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-06 239-774-0353
Date Daytime Phone #