


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
May 10, 2006 8:00 am
Secretary of State

04-12-2006 90086 016 ***150.00

DOCUMENT # P05000003688			
1. Entity Name BAYSHORE TOWNHOMES DEVELOPMENT, INC.			
Principal Place of Business 9150 PARK BOULEVARD, #7 SEMINOLE FL 33777		Mailing Address 9150 PARK BOULEVARD, #7 SEMINOLE FL 33777	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent HAYES, GEORGE L III 5959 CENTRAL AVENUE SUITE #104 ST. PETERSBURG FL 33710		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and use if nonresident (NOTE: Registered Agent signature required when nonresident)</small>			
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. <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	PSTD RICHARDS, LEON L 9150 PARK BOULEVARD, #7 SEMINOLE FL 33777 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 like empowered.			
SIGNATURE: <u>Leon L. Richards</u>		3-28-06 787-482-5269	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	