

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P05000013959**

1. Entity Name  
B & A HOLDINGS OF CLEARWATER, INC.



Principal Place of Business  
100 CARILLON PARKWAY  
SUITE 100  
ST. PETERSBURG, FL 33716

Mailing Address  
100 CARILLON PARKWAY  
SUITE 100  
ST. PETERSBURG, FL 33716



01032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
33-1111141

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MARSALA, ROSE M  
100 CARILLON PARKWAY  
SUITE 100  
ST. PETERSBURG, FL 33716

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000688965  
04/11/07-80016-007 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYRD, BRANT T 371 CHANNELSIDE WALKWAY, #1004 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOJAK-BYRD, ALEXANDRA 371 CHANNELSIDE WALKWAY, #1004 TAMPA, FL 33602
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/07

Date

727-461-0859

Daytime Phone #