

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90008 048 ***150.00

DOCUMENT # P05000014873

1. Entity Name
BAY AREA LENDING, INC.



Principal Place of Business
**1904 E. BUSCH BLVD.
TAMPA, FL 33612**

Mailing Address
**1904 E. BUSCH BLVD.
TAMPA, FL 33612**

40025777



2. Principal Place of Business - No P.O. Box #
16502 N. Dale Mabry

3. Mailing Address
16502 N. Dale Mabry Hwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122007 Chg-P CR2E034 (12/06)

City & State
Tampa, Florida

City & State
Tampa, Florida

4. FEI Number
20-2275011

Applied For
Not Applicable

Zip
33618

Country
USA

Zip
33618

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPRAGUE, PATRICK F
1904 E. BUSCH BLVD.
TAMPA, FL 33612**

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 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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **BROWN, BOB**
STREET ADDRESS **1904 E. BUSCH BLVD.**
CITY-ST-ZIP **TAMPA, FL 33612**

TITLE **President** ☐ Change ☒ Addition
NAME **William Bunkley**
STREET ADDRESS **16502 N. Dale Mabry Hwy.**
CITY-ST-ZIP **Tampa, FL 33618-1325**

TITLE **VDT** ☐ Delete
NAME **CARR, DAVID**
STREET ADDRESS **1904 E. BUSCH BLVD.**
CITY-ST-ZIP **TAMPA, FL 33612**

TITLE **Vice President - Treasurer** ☒ Change ☐ Addition
NAME **Carr, David**
STREET ADDRESS **16502 N. Dale Mabry Hwy.**
CITY-ST-ZIP **Tampa, FL 33618-1325**

TITLE **S** ☐ Delete
NAME **MAZZIE, LYNDIA**
STREET ADDRESS **1904 E. BUSCH BLVD.**
CITY-ST-ZIP **TAMPA, FL 33612**

TITLE **Secretary** ☒ Change ☐ Addition
NAME **Mazzie, Lynda**
STREET ADDRESS **16502 N. Dale Mabry Hwy.**
CITY-ST-ZIP **Tampa, FL 33618-1325**

TITLE **D** ☐ Delete
NAME **CARR, LARRY**
STREET ADDRESS **1904 E. BUSCH BLVD.**
CITY-ST-ZIP **TAMPA, FL 33612**

TITLE **Director** ☒ Change ☐ Addition
NAME **Carr, Larry**
STREET ADDRESS **16502 N. Dale Mabry Hwy.**
CITY-ST-ZIP **Tampa, FL 33618-1325**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 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:

William Bunkley, AS VICE PRESIDENT

Date

Daytime Phone #

2-19-07