

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000014873

Entity Name: BAY AREA LENDING, INC.

FILED  
Apr 25, 2007  
Secretary of State

## Current Principal Place of Business:

16502 N. DALE MARBY  
TAMPA, FL 33612

## New Principal Place of Business:

16502 N. DALE MABRY HWY  
TAMPA, FL 33618

## Current Mailing Address:

16502 N. DALE MARBY  
TAMPA, FL 33612

## New Mailing Address:

16502 N. DALE MABRY HWY  
TAMPA, FL 33618

FEI Number: 20-2275011

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BROWN, BOB  
Address: 1904 E. BUSCH BLVD.  
City-St-Zip: TAMPA, FL 33612

Title: VDT ( ) Delete  
Name: CARR, DAVID  
Address: 1904 E. BUSCH BLVD.  
City-St-Zip: TAMPA, FL 33612

Title: S ( ) Delete  
Name: MAZZIE, LYNDA  
Address: 1904 E. BUSCH BLVD.  
City-St-Zip: TAMPA, FL 33612

Title: D ( ) Delete  
Name: CARR, LARRY  
Address: 1904 E. BUSCH BLVD.  
City-St-Zip: TAMPA, FL 33612

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BUNKLEY, WILLIAM  
Address: 16502 N. DALE MABRY HWY  
City-St-Zip: TAMPA, FL 33618

Title: VP (X) Change ( ) Addition  
Name: CARR, DAVID  
Address: 16502 N. DALE MABRY HWY  
City-St-Zip: TAMPA, FL 33618

Title: S (X) Change ( ) Addition  
Name: MAZZIE, LYNDA  
Address: 16502 N. DALE MABRY HWY  
City-St-Zip: TAMPA, FL 33618

Title: DT (X) Change ( ) Addition  
Name: CARR, LARRY  
Address: 16502 N. DALE MABRY HWY  
City-St-Zip: TAMPA, FL 33618

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DAVID CARR

VP

04/25/2007

Electronic Signature of Signing Officer or Director

Date