2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR) -

Apr 10, 2008 8:00 am Secretary of State **DOCUMENT # P05000048698** 1. Entity Name 04-10-2008 90030 039 ***150 00 BAY AREA BUILDERS, INC. Principal Place of Business Mailing Address 5177 40TH STREET SOUTH ST. PETERSBURG FL 33711 5177 40TH STREET SOUTH ST. PETERSBURG FL 33711 2. Principal Place of Business - No P.C. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apr. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State Applied For 4. FEI Number 83-0427409 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Gellette ALL-FLORIDA FIRM INC Street Address (P.O. Box Number is Not Acceptable) 465 S VOLUSIA AVE SUITE C **ORANGE CITY FL 32763** 5177 404 St. 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. tesident <u>5-28-08</u> (NOTE: Registraed Agort eightfurn required when reinstating) red agent april age. Lempi cable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THILE D, P TITLE Deiete ■ Addition MAINE GELLETLY, JOHN S NAME STREET ADDRESS 5177 40TH STREET SOUTH STREET ADDRESS ST. PETERSBURG FL 33711 CITY-ST-ZIP City-St-780 TITLE ☐ Delete TITLE Change Addition NAME GELLETLY, JOHN \$ NAME STREET ADDRESS. 5177 40TH STREET SOUTH STREET ADDRESS CITY-ST-ZIE ST. PETERSBURG FL 33711 CITY-ST-ZIF D,VP Change Addition TITLE ☐ De:ele THE MAME GELLETLY, PAMELA H NAME STREET ADDRESS 5177 40TH STREET SOUTH STREET ADDRESS CITY-ST-ZIP ST...PETERSBURG FL 33711 CITY-ST-ZIP ☐ Delete Change Addition HILE TITLE GELLETLY, PAMELA H NAME NAME 5177 40TH STREET SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33711 CITY-ST-ZIP ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-S1-7IP Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS 011Y-S1-78 CITY - ST - ZIP 12. Thereby 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

ING OFFICER OR DIRECTOR

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED