2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2006 8:00 am Secretary of State

3/2

S. Name and Address of Current Registered Agent T. Name and Address of Naw Registered Agent T. Name and Address of Naw Registered Agent T. Name and Address of Naw Registered Agent Name N	DOCUI 1. Entity Name BAYSIDE	c			03-21-20	006 900	015 043 °	***150.00				
2. Proceed Place of Business	Principal Place	of Busines	3	Mailing Address								
Suite. April . etc. Suite. April . etc. Suite. Sui	· - • · · · · · · · · · · · ·							66009071				
City & State Country Country Country Applied for Not Ap	2. Principal Place of Business			3. Mailing Address			- 1					
Zo Country Zio Country Zio S. Conflicted of Status Desired Status	Suite. Apt. #, etc.			Suite, Apt. #, etc.			02072	2006	Chg-P	CR2E	034 (11/05)	
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Name and Address of New Registered Agent Name 8. Name and Address of New Registered Agent Name 8. Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entry submiss his stalement for the purpose of changing its registered office or registered agent, or boe, in the State of Porids. I am familiar with and acceptable in the obligators of registered agent, or boe, in the State of Porids. I am familiar with and acceptable in the obligators of registered agent. Signature Flue NowIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Cempaign Francing 10. OFTE Registered Agent are required invariant required in the required invariant required invariant required invariant required in the required invariant requ	City & State			City & State				- 1 -	21712	64	-	pplied For ot Applicable
Name Street Address (P.O. Box Number is Not Acceptable)	Zip	Country		Zip	Country						Fee Require	
Sincet Address (P.O. Box Number is Not Acceptable) City		6. Name	and Address of Current I	Registered Agent		Namo	7. Nen	bbA bns en	ress of New R	gistered	Agent	
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 access the obligations of registered agent, with a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the following the state of Florida. I am familiar with, and access the following the foll	BOWEN, J	OYCE E	A Barrier A			140110						
City FL Zip Code 8. The above rulined 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 rive obligations of registered eigent. SIGNATURE City FL Zip Code 8. The above rulined entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept rive obligations of registered eigent. SIGNATURE City FLE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campalign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TRILE BOWEN, JOYCE E SIRRE ANDRESS CITY-ST-2P TITLE MAKE SIRRE ANDRESS CITY-ST-2P TITLE Delde Delde TITLE Delde TI					Street Addres	Street Address (P.O. Box Number is Not Acceptable)						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Ploxida. I am familiar with, and access the obligations of registered agent, or both, in the State of Ploxida. I am familiar with, and access the obligations of registered agent, or both, in the State of Ploxida. I am familiar with, and access the obligations of registered agent, or both, in the State of Ploxida. I am familiar with, and access the obligations of registered agent, or both, in the State of Ploxida. I am familiar with, and access the obligations of registered agent, or both, in the State of Ploxida. I am familiar with, and access the obligations of registered agent, or both, in the State of Ploxida. I am familiar with, and access the obligations of registered agent, or both, in the State of Ploxida. I am familiar with, and access the obligations of registered agent, or both, in the State of Ploxida. I am familiar with, and access the obligations of registered agent, or both, in the State of Ploxida. I am familiar with, and access the obligations of registered agent, or both, in the State of Ploxida. I am familiar with, and access the state of Ploxida. I am familiar with, and access the state of Ploxida. I am familiar with, and access the state of Ploxida. I am familiar with, and access the state of Ploxida. I am familiar with, and access the state of Ploxida. I am familiar with, and access the state of Ploxida. I am familiar with, and access the state of Ploxida. I am familiar with, and access the state of Ploxida. I am familiar with, and access the state of Ploxida. I am familiar with, and access the state of Ploxida. I am familiar with, and access the state of Ploxida. I am familiar with, and access the state of Ploxida. I am familiar with, and access the state of Ploxida. I am familiar with, and access the state of Ploxida. I am familiar with, and access the state of Ploxida. I am familiar with, and access the state of Ploxida. I am familiar with, and access the state of P	NOOKIN, I	L 33310	i i									
THE NOWNII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 In OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INC BOWEN, JOYCE E SIREST ADDRESS CITY-ST-2P INE NAME SIREST ADDRESS CITY-ST-2P CITY-ST-2P INE NAME SIREST ADDRESS CITY-ST-2P CITY-ST-2P INE NAME SIREST ADDRESS CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P INE NAME SIREST ADDRESS CITY-ST-2P CITY			`•		i	City				FL	Zip Coc	ie
PILE NOWNII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 After May 1, 2008 Fee will be \$550.00 After May 1, 2008 Fee will be \$550.00 After May 1, 2008 Fee will be \$550.00 After May 1, 2008 Fee will be \$550.00 Trust Kund Commbution. \$5.00 May Be Added to Fees The BOWEN, JOYCE E STRET ADDRESS CITY-ST-2P TITLE MAKE STRE	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.											
ARTER Many 1, 2006 Fee will be \$550,00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SIREST ADDRESS CITY-ST-2P TITLE NAME SIREST AD												
TITLE MAME MAME BOWNEN, JOYCE E 1202 E. SHELL POINT RD. RUSKIN, FL 33570 Delets TITLE MAME MAME STREET ADDRESS CITY-ST-2P TITLE MAME MAME STREET ADDRESS CITY-ST-2P TITLE MAME MA	FILE NORTH PEE IS \$150.00											
NAME SIRRET ADDRESS CITY-ST-2P TITLE MAKE SIRRET	10.		OFFICERS AND				ADDIT	IONS/CHA	NGES TO OFFI	CERS ANI		
SIRET ADDRESS CITY-ST-2P RUSKIN, FL 33670 TITLE NAME SIRET ADDRESS CITY-ST-2P TITLE NAME SIRET ADDRES		1	JOYCE E	Oelete		- I					☐ Change	☐ Addition
TITLE Delete ITTLE AAARE	STREET ADDRESS	1202 E. SHELL POINT RD. STR			STRE	ET ADDRESS						
NAME SIRET ADDRESS CITY-ST-2P TITLE NAME SIRET ADDRESS CITY-ST-2P Delete TITLE NAME SIRET ADDRESS CITY-ST-2P Delete TITLE NAME SIRET ADDRESS CITY-ST-2P Delete TITLE NAME SIRET ADDRESS CITY-ST-2P CITY-ST-2P Delete TITLE NAME SIRET ADDRESS CITY-ST-2P CI		RUSKIN,	FL 33570		+						[] Channe	- Addition
CITY-ST-TIP TITLE Delete TITLE Delete TITLE Delete						I .						
THE NAME STREET ADDRESS CITY-ST-IP TITLE NAME ST												
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO DEIDE NAME STREET ADDRESS CITY-ST-ZIP CONTY-ST-ZIP TO DEIDE NAME STREET ADDRESS CITY-ST-ZIP CONTY-ST-ZIP TO DEIDE NAME STREET ADDRESS CITY-ST-ZIP CONTY-ST-ZIP			<u> </u>	☐ Delete							☐ Change	Addition
CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE Delete ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE AMAE STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE CHARGE Addition CHARGE Addition STREET ADDRESS CITY-ST-ZIP ITTLE CHARGE Addition CHARGE ADDRESS CITY-ST-ZIP ITTLE CHARGE CHARGE ADDRESS	NAME				NAM	€					_ •	_
TITLE Delete ITTLE Delete ITTLE Delete D												
STREET ADDRESS CITY-ST-ZP TITLE MAME STREET ADDRESS CITY-ST-ZP TO Change MAddita MAME STREET ADDRESS CITY-ST-ZP TO Change MADDRESS CITY-ST-ZP TO Change MADDITA MAME STREET ADDRESS CITY-ST-ZP TO Change MADDRESS CITY-ST-ZP TO Change MADDITA MAME STREET ADDRESS CITY-ST-ZP TO Change MADDRESS CITY-ST-ZP TO CHANGE CHAN				☐ Deléte	11714						Change	☐ Addition
CITY-ST-ZP TITLE MAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TO Change Addition Addition Addition Change Addition Change Addition STREET ADDRESS CITY-ST-ZP TO Change Addition Change Addition Change Addition Change Addition Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZP TO Change Addition Change Addition STREET ADDRESS STREET	_											
NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P 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 irrue 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 changed, or on an attachment with an address, with all other like empowered. SIGNATURE: 2006 213-649-0906												
STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P 12. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE: 3 1000 913-649-0906	TITLE			☐ Delete	TITLE	:					☐ Change	Addition
CITY-ST-ZP TITLE INAME STREET ADDRESS CITY-ST-ZP 12. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered. SIGNATURE: 200 400 Down (7) 165						- 1						i
NAME STREET ADDRESS CITY-ST-27P 12. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered. SIGNATURE: 3 1000 813-649-0906												:
STREET ADDRESS CITY-ST-207 12. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered. SIGNATURE: 3 1000 813-649-0906	TITLE			☐ Delete							☐ Change	☐ Addition
12. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered. SIGNATURE: 3 1000 813-649-0906						- 1						
indicated on this report or supplemental report is included and accurate and that my signature shall have the same legal effect as a made during that is that is that 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 changed, or on an attachment with an address, with all other like empowered. SIGNATURE: 31000 813-649-0906	CITY-SI-ZIP	-			СПУ	-51-ZEP						
of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 111 changed, of on an attachment with an address, with all other like empowered. SIGNATURE: 31000 813-649-0906	indicated	An this read	vi or punniemenisi renon 19	IRUR AND RECURRIA AND INSI (nv slone	ilare snau nave i	me saume icci	21 GHOCI 23 I	i messe unicer e	eur. Uten i		or director
SIGNATURE: 2-23-2-20400 July 1	of the cor	poration or t	ine receiver or trustee empo	wered to execute this report	as requi	red by Chapter	607, Florida	Statutes; an	d that my name	appears	in Block 10 o	r Block 11 if
Self-resident 112 miles des sons de so	906											