2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 17, 2006 8:00 am Secretary of State 01-17-2006 90266 011 ***158.75

DOCUMENT # P05000063048 1. Entity Name BAYSIDE CABINET & DESIGN CO., INC.					01-17-2006 90266 011 ***158.75				
Principal Plac	e of Business	Mailing Address	I		'	4000			
516 FIRST ST PORT ST JOE, FL 32456		516 FIRST ST PORT ST JOE, FL 32456	i						
							EMI SENS SIGN	/// Tem 2:32/ (2	11691 (1.1881
9 D-ii1 C	Name of Charles	1 a 44-97- 4 4 4 1							
2. Principal Place of Business SAME AS ABOVE Suite, Apt. #, etc.		3. Mailing Address SAME AS ABOVE				 			
dule, Apt. #, etc.		Suite, Apt. #, etc.			01092006	Chg-P	CR2E	034 (11/05)	
City & State		City & State			4. FEI Numb	^{er} 20-27(6877	9 Ar	oplied For ot Applicable
Zip	Country	Zip	Country			of Status Desired		\$8.75 Add	
	6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New	Registered	Agent	
RUCH, RICHARD W SR. 516 FIRST ST			Name	Name					
			Street A	ddress (F	P.O. Box Numb	er is Not Acceptab	ole)		
PORTST	JOE, FL 32456								
			City	-				Zip Cod	е
The above named entity submits this statement for the purpose of changing its registerer				r raniatar	ad aaaat as be	sh in the Ctate of F	Fl	- `	
the obligat	tions of registered agent.	or the purpose of changing its re	sylstered office o	i iegisieri	eu agent, or no	ili, iri irie State di F	-ionda. Tan	i tarribar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered ager	t and title if applicable. (NOTE: I	Registered Agent signs:	ture required	when reinstating)		DATE		
FIL	E NOW!!! FEE IS \$150.00	9. Election Campaig		\$5.	00 May Be				
After M	ay 1, 2006 Fee will be \$550	.00 Trust Fund Contrib	oution.	Adde	ed to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS.	CHANGES TO OF	FICERS AN	D DIRECTOR	S IN 11
TITLE Name	D 纵 RUCH, ŔICHARD W SR	☐ Delete	TITLE	VICE	PRESIDE	ENT IARD W 5	_	Change	■ Addition
STREET ADDRESS	516 FIRST ST		NAME STREET ADDRESS	516	FIRST :	MAD W S	Κ.		
CITY-ST-ZIP	PORT ST JOE, FL 32456		CITY-ST-ZIP		- ST J		324	156	
TITLE		☐ Delete	TITLE	PRES	IDENT			Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	Ruc	H, DAL	.LAN S			
CITY-ST-ZIP			CITY-ST-ZIP		57 Joh		2456		
THLE		☐ Delete	TITLE					☐ Change	Addition
name Street address			NAME STREET ARROSCOS						
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME			NAME	ļ					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
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NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE		□ Delete	TITLE	-				Change	☐ Addition
NAME			NAME					- Jimigi	
STREET ADDRESS	1		STREET ADDRESS	1					

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 feport 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 proposed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

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205 965 3297

Daytime Phone #