

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90006 050 ***150.00

DOCUMENT # P05000074174

1. Entity Name

BAY STUDIO 81, INC.



Principal Place of Business

7310 DARTMOUTH AVE N
ST PETERSBURG FL 33710

Mailing Address

7310 DARTMOUTH AVE N
ST PETERSBURG FL 33710



2. Principal Place of Business - No P.O. Box #

5001 BRITTANY DR Suite
Suite, Apt. #, etc.
201-

3. Mailing Address

5101 BRITTANY DR Suite
Suite, Apt. #, etc.
Suite 201

1st MOORE

CR2E034 (10/07)

City & State
St Petersburg FL

City & State
St Petersburg FL

4. FEI Number 20-2975100

Applied For
Not Applicable

Zip
33715

Country

Zip
33715

Country

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

6. Name and Address of Current Registered Agent

O'CONNOR, FRANK
7310 DARTMOUTH AVE N
ST PETERSBURG FL 33710

7. Name and Address of New Registered Agent

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

Frank O'Connor

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! - FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME O'CONNOR, FRANK
STREET ADDRESS 7310 DARTMOUTH AVE N
CITY-ST-ZIP ST PETERSBURG FL 33710

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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

SIGNATURE:

Frank O'Connor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 21

Date

Daytime Phone #