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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 18 PM 1:17

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000092855

1. Entire Name
BAY IMPRESSIONS, INC.

Principal Place of Business
4651 1ST STREET N.E.
SUITE 309
ST. PETERSBURG, FL 33703

Mailing Address
4651 1ST STREET N.E.
SUITE 309
ST. PETERSBURG, FL 33703

2. Principal Place of Business
Suite Apt. #
City & State

3. Mailing Address
Suite Apt. #
City & State

Zip | Country | Zip | Country

07C52006 Chg-P CR2E034 (11/05)

4. FEI Number
65-1254033
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
HOLLISTER, WILLIAM S
8001 N DALE MABRY
SUITE 501-M
TAMPA, FL 33614

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.

SIGNATURE

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

Title P Name VIVERETTE, CHARLES R Street Address 4651 1ST. STREET N.E. City-St-Zip ST. PETERSBURG, FL 336703	☐ Delete
Title Name Street Address City-St-Zip	☐ Delete
Title Name Street Address City-St-Zip	☐ Delete
Title Name Street Address City-St-Zip	☐ Delete
Title Name Street Address City-St-Zip	☐ Delete
Title Name Street Address City-St-Zip	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1

Title Name Street Address City-St-Zip	☐ Change ☐ Addition
Title Name Street Address City-St-Zip	☐ Change ☐ Addition
Title Name Street Address City-St-Zip	☐ Change ☐ Addition
Title Name Street Address City-St-Zip	☐ Change ☐ Addition
Title Name Street Address City-St-Zip	☐ Change ☐ Addition
Title Name Street Address City-St-Zip	☐ Change ☐ Addition

12. Business Activity: Each day of business applied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I hereby 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 of the report or I am a successor in office and that the name of the successor in office is set forth in Block 11 above.

SIGNATURE: Charles R. Viverette
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR