

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90268 036 ***150.00

DOCUMENT # P05000097393

1. Entity Name
 BAYSIDE RESERVES, INC.



Principal Place of Business: 5514 PARK BOULEVARD, PINELLAS PARK, FL 33781 US
 Mailing Address: 721 1ST AVENUE NORTH, ST. PETERSBURG, FL 33701

50005607



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: 5514 Park Blvd
 Suite, Apt. #, etc.
 City & State: Pinellas Park, FL
 Zip: 33781 Country: USA

02132006 Chg-P CR2E034 (11/05)

4. FEI Number: 20-3399909 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ENGLANDER, LEONARD S
 721 1ST AVENUE NORTH
 ST. PETERSBURG, FL-33701

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|--|
| TITLE NAME | PRES BRODERICK, ROGER B | <input type="checkbox"/> Delete |
| STREET ADDRESS | 5514 PARK BOULEVARD | |
| CITY-ST-ZIP | PINELLAS PARK, FL 33781 | |
| TITLE NAME | SEC TAPPAN, CARLEEN R | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 5514 PARK BOULEVARD | |
| CITY-ST-ZIP | PINELLAS PARK, FL 33781 | |
| TITLE NAME | TREA TAPPAN, CARLEEN R | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 5514 PARK BOULEVARD | |
| CITY-ST-ZIP | PINELLAS PARK, FL 33781 | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------|--|
| TITLE NAME | SEC, TREA | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | President Stross, John E. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 3010 82 Way | |
| CITY-ST-ZIP | St. Petersburg, FL 33710 | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/13/06 Daytime Phone #: 727-544-1403