


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90185 031 ***158.75

DOCUMENT # P05000134278	
1. Entity Name THE BAYSHORE COFFEE COMPANY, INC.	

Principal Place of Business 3570 BAYSHORE BRIVE NAPLES, FL 34112	Mailing Address 3570 BAYSHORE BRIVE NAPLES, FL 34112
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2. Principal Place of Business - No P.O. Box # 3570 Bayshore Drive	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Naples, FL	City & State
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Zip 34112	Country Collier	Zip Same	Country Same
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6. Name and Address of Current Registered Agent MBC CORPORATION, LLC BFI - 108 WEST 13TH STREET WILMINGTON, FL 19801	
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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 <i>Donna Hall</i>	DATE 4/10/07
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete P HALL-FUTRELL, CHRIS M P 148 PEBBLE BEACH CIR. NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete VP HALL, DONNA M VP 25 WATERCOLOR WAY NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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03212007 Chg-P CR2E034 (12/06)

4. FEI Number NOT APPLICABLE 20-0513357	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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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: <i>Donna Hall</i>	DATE 4/10/07 DAYTIME PHONE 239-919-0877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	