

2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Aug 21, 2006 8:00 am
Secretary of State

08-21-2006 90001 013 ***150.00

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08152006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000152254					
1. Entity Name BAYSIDE APPRAISALS CORP.					
Principal Place of Business 17501 OSPREY MANOR WAY LITHIA, FL 33547 US			Mailing Address 17501 OSPREY MANOR WAY LITHIA, FL 33547 US		
2. Principal Place of Business 17501 Osprey Manor Way			3. Mailing Address Same		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Lithia FL			City & State		
Zip 33547	Country USA	Zip	Country	4. FEI Number 65-1263038	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent EFTINK, PATRICK J 17501 OSPREY MANOR WAY LITHIA, FL 33547				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				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 Patrick Eftink				DATE 8/14/2006	
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 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EFTINK, PATRICK J 17501 OSPREY MANOR WAY LITHIA, FL 33547	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EFTINK, AIMEE L 17501 OSPREY MANOR WAY LITHIA, FL 33547	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Patrick Eftink				DATE 8/15/2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 813-389-3197	