## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000010753

FILED Jan 08, 2009 Secretary of State

Entity Name: BAY LIQUIDATIONS INC. **Current Principal Place of Business: New Principal Place of Business:** 4402 W. LEILA AVE. TAMPA, FL 33616 **Current Mailing Address: New Mailing Address:** 4402 W. LEILA AVE, TAMPA, FL 33616 FEI Number: 20-4191612 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PEART, SARAH E ESQUIRE SEMIS, DEBORAH A PEART LAW OFFICE PA 4402 W LEILA AVE 10150 HIGHLAND MANOR DR STE 200 TAMPA, FL 33616 US TAMPA, FL 33610 US 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: DEBORAH A SEMIS 01/08/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition SEMIS, DEBORAH Name: Name: 4402 W. LEILA AVE Address: Address: City-St-Zip: TAMPA, FL 33616 City-St-Zip: Title: VΡ Title: () Change () Addition () Delete Name: SEMIS, JOHN Name: 4402 W. LEILA AVE Address: Address: TAMPA, FL 33616 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH A SEMIS **PRES** 01/08/2009