2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 02, 2008 8:00 am Secretary of State

DOCUMENT # P0700099998 1. Entity Name BAY CITIES INSURANCE AGENCY, INC.									06-02-2008	90007 015	5 ***15	8.75
Principal Place of Business Mailing Address								4010	723b			
12527 BRASSBROOK LN. TAMPA, FL 33626 US				12527 BRASSBROOK LN. TAMPA, FL 33626 US					<i>i</i>	irii Falia (biin 1816 9		11 166) 11 1 81 1
2. Principal Place of Business - No P.O. Box #				3. Mailing Address								
Suite, Apt. #, etc.			_	Suite, Apt. #, etc.				05082008	Chg-P	CR2E034		
City & State				City & State				4. FEI Numbe 26-090			N	oplied For ot Applicable
Žip	Country 6. Name and Address of Current		<u>.l</u> .	<u> </u>					e of Status Desired \$8.75 Additional Fee Required			
		Name		7. Name and	Address of New	Registered Ag	ont					
CASTLE, TIMOTHY J 13132 ROYAL GEORGE AVE ODESSA, FL 33556							ddress (P.O. Box Numbe	er is Not Acceptab	le)		
										FL	Zip Cod	le
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 accepted agent. 1. 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 accepted agent.												and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
151 27												
FILE NOW!!! FEE IS \$8850.00 Due by September 12, 2008 9. Election Campaign Financing \$5.00 Trust Fund Contribution. Added												
10.		OFFICERS AND	DIREC1	TORS	11.			ADDITIONS/	CHANGES TO OF	FICERS AND E	DIRECTOR	S IN 11
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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 path; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as equipped by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if												
of the corporation or the receiver or trustee empowered in execute this report as fequired by Chapter 607, Florida Statules; and that my namerappears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.												
SIGNAT	URE: _		44		DL.	1//			5/08	100	rena Drana -	

ATTACHMENT 4010723

#-P0700099998

Bay Cities Insurance Agency 12527 Bassbrook Lane Tampa, FL 33626 813-854-4040

May 8, 2008

Florida Dept. of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Dear Sirs/Mesdames:

Enclosed is Bay Cities Insurance Agency's 2008 Profit Corporation Report and the payment of \$158.75 (without the penalty of \$400.00).

We are sorry that we are unable to file the Corporation Report on time. Because we just started our business in the last quarter of 2007, we did not realize that we have to file the Corporation Tax Return before or on May 1st. Furthermore, the Annual Report Notice was misplaced as we are still in the process of administrative organization. Also, our new Bookkeeper was not aware of the "Notice," and the filing date requirement of Corporation Tax Report.

With all the reasons as stated above, would you please be kind to waive the penalty of \$400.00?

Thank you in advance for your attention to the above matter, and we look forward to hearing positively from you.

Very Respectfully Yours

Bookkeeping Department

Bay Cities Insurance Agency, Inc.