

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90331 045 ***150.00

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|---|---|--|--|--|--|
| DOCUMENT # P93000002701 1. Entity Name BAY RIDGE DEVELOPMENT OF ORANGE COUNTY, INC. | | | | | |
| Principal Place of Business 503 NORTH ORLANDO AVENUE 503 N. ORLANDO AVE STE 105 COCOA BEACH, FL 32931 US | | | Mailing Address P.O. BOX 320808 COCOA BEACH, FL 32932-808 US | | |
| 2. Principal Place of Business 61 W. Colonial Dr | | 3. Mailing Address 61 W. Colonial Dr | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Orlando, FL | | City & State Orlando, FL | | 4. FEI Number 59-3160822 | |
| Zip | | Zip | | Country | |
| Country | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SHOEMAKER, JOHN B 503 NORTH ORLANDO AVENUE SUITE 105 COCOA BEACH, FL 32931 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 61 W. Colonial Dr City Orlando FL Zip Code 32801 | |
| 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 4/22/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P KODSI, ALBERT 503 N. ORLANDO AVE STE 105 COCOA BEACH, FL 32931 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ALBERT KODSI 61 W COLONIAL DR ORLANDO, FL 32801 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPS SHOEMAKER, JOHN 503 N. ORLANDO AVE STE 105 COCOA BCH, FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V JOHN B. SHOEMAKER 61 W. COLONIAL DR ORLANDO, FL 32801 | <input checked="" 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 |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: | | | 4/22/05 407 294 7931 <small>Date Daytime Phone #</small> | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |