2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P93000011314

1. Entity Name
BAYWEST VENTURES, INC.

Principal Place of Business	Mailing Address
4870 CORAL WOOD DRIVE NAPLES, FL 34119 US	PO BOX 990484 NAPLES, FL 34116 US

DO NOT WRITE IN THIS SPACE

03312004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0391503	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BREAK, JERRY
4870 CORAL WOOD DRIVE
NAPLES, FL 34119

DO NOT WRITE IN THIS SPACE

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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2004 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000130217 04/26/04-80109-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BREAK, JERRY
STREET ADDRESS	4870 CORAL WOOD DRIVE
CITY-ST-ZIP	NAPLES, FL 34119

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____   4/23/04   239 353-2523

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #