

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 24, 2006 08:00 AM  
Secretary of State

DOCUMENT # P94000016192

1. Entity Name  
BAY SYSTEMS, INC.



Principal Place of Business  
3277 FRUITVILLE ROAD, BLDG B  
SARASOTA, FL 34237-6410 US

Mailing Address  
3277 FRUITVILLE ROAD, BLDG B  
SARASOTA, FL 34237-6410 US



03092006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3227351

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GRSZEWSKI, MARK L  
3277 FRUITVILLE ROAD, BLDG B  
SARASOTA, FL 34237-6410

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|                |                              |
|----------------|------------------------------|
| TITLE          | VP                           |
| NAME           | GRSZEWSKI, MARK L            |
| STREET ADDRESS | 3277 FRUITVILLE ROAD, BLDG B |
| CITY-ST-ZIP    | SARASOTA, FL 342376410       |
| TITLE          | P                            |
| NAME           | WUNDERLIN, PATRICIA A        |
| STREET ADDRESS | 3277 FRUITVILLE ROAD, BLDG B |
| CITY-ST-ZIP    | SARASOTA, FL 342376410       |
| TITLE          |                              |
| NAME           |                              |
| STREET ADDRESS |                              |
| CITY-ST-ZIP    |                              |
| TITLE          |                              |
| NAME           |                              |
| STREET ADDRESS |                              |
| CITY-ST-ZIP    |                              |
| TITLE          |                              |
| NAME           |                              |
| STREET ADDRESS |                              |
| CITY-ST-ZIP    |                              |

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DO NOT WRITE  
IN THIS SPACE

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:

*Patricia A. Wunderlin*

*Patricia A. Wunderlin*

04/17/06

941-906-1770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #