

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90096 040 \*\*\*150.00

DOCUMENT # P94000088695

1. Entity Name

BAYSIDE INTERIORS, INC.



Principal Place of Business

Mailing Address

~~26251 S. TAMiami TRAIL~~

~~26251 S. TAMiami TRAIL~~

~~12~~  
BONITA SPRINGS FL 34134

~~12~~  
BONITA SPRINGS FL 34134

50028261

2. Principal Place of Business

3. Mailing Address

17321 Lake PK. Rd.

17321 Lake PK. Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. FEI Number

58-2148918

Applied For

Not Applicable

Zip

33487

Country

FLA

Zip

33487

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCANDARIATO, ANGELA

~~4752 PEMBROOKE LANE~~

~~BONITA SPRINGS FL 34134~~

Name ANGELA SCANDARIATO - MONTHEI

Street Address (P.O. Box Number is Not Acceptable)

17321 Lake Park Road

City

Boca Raton

FL

Zip Code

33487

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

*Angela Scandariato - Monthei*

3-10-05

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	SCANDARIATO, ANGELA	4752 PEMBROOKE LANE	17321 Lake PK Rd. BONITA SPRINGS FL 34134	<input type="checkbox"/>
			Boca Raton, FL 33487	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Angela Scandariato - Monthei* 3-10-05 (561) 241-5905

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #