

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000090465

FILED
Apr 14, 2009
Secretary of State

Entity Name: BAYSHORE PROPERTY CORPORATION

Current Principal Place of Business:

9331 ADAMO DRIVE
SUITE 200
TAMPA, FL 33619 US

New Principal Place of Business:

4925 INDEPENDENCE PARKWAY
SUITE 150
TAMPA, FL 33634 US

Current Mailing Address:

9331 ADAMO DRIVE
SUITE 200
TAMPA, FL 33619 US

New Mailing Address:

4925 INDEPENDENCE PARKWAY
SUITE 150
TAMPA, FL 33634 US

FEI Number: 59-3283521

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, JAMES W JR
9331 ADAMO DRIVE
SUITE 200
TAMPA, FL 33619 US

Name and Address of New Registered Agent:

LEWIS, JAMES W JR
4925 INDEPENDENCE PARKWAY
SUITE 150
TAMPA, FL 33634 US

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.

SIGNATURE:

04/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEWIS, JAMES W.
Address: 9331 ADAMO DRIVE # 200
City-St-Zip: TAMPA, FL 33619

Title: VD () Delete
Name: LEWIS, CHRISTOPHER R.
Address: 9331 ADAMO DRIVE # 200
City-St-Zip: TAMPA, FL 33619

Title: SD () Delete
Name: LEWIS, BETH C.
Address: 9331 ADAMO DRIVE # 200
City-St-Zip: TAMPA, FL 33619

Title: TD () Delete
Name: LEWIS, JEANNE M.
Address: 9331 ADAMO DRIVE #200
City-St-Zip: TAMPA, FL 33619

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LEWIS, JAMES W.
Address: 4925 INDEPENDENCE PARKWAY SUITE 150
City-St-Zip: TAMPA, FL 33634

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES W. LEWIS, JR

PD

04/14/2009

Electronic Signature of Signing Officer or Director

Date