

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90006 037 ***150.00

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1. Entity Name

BAYVIEW MANAGEMENT SERVICES, INC.



Principal Place of Business

**1299 MAIN STREET
DUNEDIN, FL 34698 US**

Mailing Address

**1299 MAIN STREET
DUNEDIN, FL 34698**



01122006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3316969

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

**GALARIS, STELLA T
1299 MAIN STREET
DUNEDIN, FL 34698**

**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 PD
NAME GALARIS, SEAN D
STREET ADDRESS 809 BAY ESPLANADE
CITY-ST-ZIP CLEARWATER, FL 33767

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sean Galaris **SEAN GALARIS President**

2-27-06

Date

Daytime Phone #