2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000037188

1. Entity Name BAY SCREENS, INC.



FILED Apr 28, 2008 08:00 AN Secretary of State

Principal Place of Business

1310 WILLOW VALLEY DR. BRANDON, FL 33510

Mailing Address

- 1310 WILLOW VALLEY DR. BRANDON, FL 33510



DO NOT WRITE IN THIS SPACE

01162008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3324849

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRYE, RANDY 1310 WILLOW VALLEY DR BRANDON, FL 33510

DO NOT WRITE IN THIS SPACE

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8. The above the obligat	named entity submits this statement for the plans of registered agent.	surpose of changing its registered	office or r	egistered agent, or bo	oth, in the State of Flor	rida. I am familia	ar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title in	Completely 1 (1975)		ETT OF COMPLETE			er z ym
	Signature, types or princed rightle or registered agent and the i	r applicable. (NO1E: Hegislered A	gent signature	required which reinstalling)	Llocopoo	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Finance Trust Fund Contribution. 9		\$5.00 May Be Added to Fees	05/20/08-8	000-86006	150.00
10.	OFFICERS AND DIREC	CTORS				·· ··	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRYE, RANDY 1310 WILLOW VALLEY DR. BRANDON, FL 33510						
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12. Thereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP_

NATURE AND TYPEU OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

80-56.F

Daytime Phone #