2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 14, 2007 08:00 AM DOCUMENT # P95000037232 **Secretary of State** 1. Entity Name BAY PAINTING AND CONTRACTING INC. Principal Place of Business Mailing Address 5114 DEEP BAYOU DR. 5114 DEEP BAYOU DR. PANAMA CITY, FL 32404 PANAMA CITY, FL 32404 01242007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3314805 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BINGGESER, THOMAS F DO NOT WRITE 5114 DEEP BAYOU DR. PANAMA CITY, FL 32404 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 algoriture required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE BINGGESER, THOMAS F NAME 5114 DEEP BAYOU DR. STREET ADDRESS CITY+ST-ZIP PANAMA CITY, FL 32404 U00000634908 TITLE 02/22/07-80031-009 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby 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 his 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 piller like shoowered

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

Thomas F Binggeser

7-8-07

850769541

Daytime Phone #

FILED