2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)				FILED May 02, 2005 08:00 AM Secretary of State		
DOCUMENT # P95000051671 1. Entity Name						
BAY SHIP	YARD, INC.			Secretary	oi State	
Principal Place	e of Business	Mailing Address				
2200 NELSON STREET PANAMA CITY FL 32401		2200 NELSON STREET PANAMA CITY FL 32401				
PANAMIA CI	11 PL 32401	I ANAMA OITT I L SE	401	a second MMF (TW (M/M) desets menter muttel des	ra: allar (1412 2111 1446) lla	
2. Principal P	lace of Business	3. Mailing Address	<u>,</u>			
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Suite, Apt. #, etc.		Suite, Apr. #, etc.		1st MOORE CR2	E034 (10/04)	
City & State		City & State		4. FEI Number 59-3334757	<u> </u>	plied For at Applica
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Add	
	6. Name and Address of Curre	ent Registered Agent		7. Name and Address of New Regist		-
107	NED DANIEL D		Name			
LOZIER, DANIEL R 24 CHASE STREET PENSACOLA FL 32501			Street Address	(P.O. Box Number is Not Acceptable)		
			City		FL Zip Code	
9 The chove	named antity exhaults this statemen	at for the purpose of changing it)	ered agent, or both, in the State of Florida.		and acce
	tions of registered agent.	troi do parposo o o marging to	o rogicial out of rogici.			
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable (NC	TE Registered Agent signature requir	ed when reinstating)	DATE	
	ILE NOW!!! FEE IS \$150.00					
After	May 1, 2005 Fee Will Be \$550 k Payable to Florida Departmen			9. Election Campaign F Trust Fund Contribut		.00 May ed to Fee:
10.	ÖFFICERS A	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	
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NAME STREET ADDRESS	D'ISERNIA, BRIAN 2200 NELSON STREET		NAME STREET ADDRESS	UH0000356049	3	
CITY ST-ZIP	PANAMA CITY FL 32402		· II CITY-ST-7IP	05/04/05-80020	-009 158.75	į
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13 i barabu	certify that the information supplied	with this filling does not qualify	for the examplian stated in	Section 119.07(3)(I), Florida Statutes. I furti	her certify that the	informa 6
indicated of the co	d on this report or supplemental report or the receiver or trustee of	ort is true and accurate and that empowered to execute this repo	t hay signature shall have th ort as required by Chapter 6	se same legal effect as if made under oath; 607, Florida Statutes, and that my name ap	that I am an office pears in Block 10 c	r or direct or Block 1
changed	i, or on an attachment with 👣 addre	ess, with all other like empowere	ed.]			

4/28/05 Date

Brian R. D'Isernia

(850) 763-1900 Daylime Phone #

SIGNATURE CAME TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: