# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 19, 2004**
**Secretary of State**

DOCUMENT# P95000069273

**Entity Name:** BAY AREA SKY-CAM, INC.

**Current Principal Place of Business:**

4725 GRANDVIEW AVENUE
NEW PORT RICHEY, FL 346521040

**New Principal Place of Business:**

9607 HILLTOP DRIVE
NEW PORT RICHEY, FL 34643459

**Current Mailing Address:**

4725 GRANDVIEW AVENUE
NEW PORT RICHEY, FL 346521040

**New Mailing Address:**

9607 HILLTOP DRIVE
NEW PORT RICHEY, FL 346521040

**FEI Number: 59-3333622** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GREENE, LEAMON A
4725 GRANDVIEW AVENUE
NEW PORT RICHEY, FL 346521040

**Name and Address of New Registered Agent:**

GREENE, LEAMON A
4725 GRANDVIEW AVENUE
NEW PORT RICHEY, FL 346543459

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: 01/19/2004
Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: GREENE, LEAMON A
Address: 4725 GRANDVIEW AVENUE
City-St-Zip: NEW PORT RICHEY, FL 346521040

Title: S ( ) Delete
Name: GREENE, JANE
Address: 4725 GRANDVIEW AVENUE
City-St-Zip: NEW PORT RICHEY, FL 346521040

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition
Name: GREENE, LEAMON A
Address: 9607 HILLTOP DRIVE
City-St-Zip: NEW PORT RICHEY, FL 346543459

Title: S (X) Change ( ) Addition
Name: GREENE, JANE
Address: 9607 HILLTOP DRIVE
City-St-Zip: NEW PORT RICHEY, FL 346543459

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LEAMON GREENE P 01/19/2004
Electronic Signature of Signing Officer or Director — Date