

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90276 001 ***150.00

DOCUMENT # P96000037998

1. Entity Name
BAY AREA STAFFING, INC.



Principal Place of Business
**3131 MORRIS STREET
ST PETERSBURG, FL 33713**

Mailing Address
**3131 MORRIS STREET
ST PETERSBURG, FL 33713**

2. Principal Place of Business

19750 Bexley Rd

3. Mailing Address

19750 Bexley Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Land O Lakes, FL

City & State

Land O Lakes, FL

Zip

34638

Country

USA

Zip

34638

Country

USA

04102006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-3376301

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RENNER, DARRELL A
3131 MORRIS STREET
ST PETERSBURG, FL 33713**

7. Name and Address of New Registered Agent

Name **SAME**

Street Address (P.O. Box Number is Not Acceptable)

19750 Bexley Road

City

Land O Lakes

FL

Zip Code

34638

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

Darrell A Renner

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-10-06

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 **P** ☐ Delete
NAME **RENNER, KAREN J**
STREET ADDRESS **3131 MORRIS STREET**
CITY-ST-ZIP **ST PETERSBURG, FL**

TITLE **VP** ☐ Delete
NAME **BOYETT, JASON R**
STREET ADDRESS **3131 MORRIS STREET**
CITY-ST-ZIP **ST PETERSBURG, FL**

TITLE **ST** ☐ Delete
NAME **RENNER, DARRELL A**
STREET ADDRESS **3131 MORRIS STREET**
CITY-ST-ZIP **ST PETERSBURG, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Same** ☒ Change ☐ Addition
NAME **19750 Bexley Rd**
STREET ADDRESS **Land O Lakes, FL** **34638**
CITY-ST-ZIP

TITLE **Same** ☒ Change ☐ Addition
NAME **19750 Bexley Rd.**
STREET ADDRESS **Land O Lakes, FL** **34638**
CITY-ST-ZIP

TITLE **Same** ☒ Change ☐ Addition
NAME **19750 Bexley Rd**
STREET ADDRESS **Land O Lakes, FL** **34638**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Darrell A Renner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-06

Date

727-895-7676

Daytime Phone #