


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
 Feb 14, 2008 08:00 AM
 Secretary of State

DOCUMENT # P96000062793
 1. Entity Name
 BAY CITY BISTRO, INC.



Principal Place of Business
 4240 NORTHLAKE BLVD
 PALM BEACH GARDENS, FL 33410

Mailing Address
 4240 NORTHLAKE BLVD
 PALM BEACH GARDENS, FL 33410

DO NOT WRITE IN THIS SPACE



01242008 No Chg-P CR2E034 (1/05)

4. FEI Number 65-0680960	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOSEPH, THOMAS R JR
 4240 NORTHLAKE BLVD
 PALM BEACH GARDENS, FL 33410

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B. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JOSEPH, THOMAS R JR
STREET ADDRESS	4240 NORTHLAKE BLVD
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	D
NAME	LANE, JOHN P
STREET ADDRESS	4240 NORTHLAKE BLVD
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	D
NAME	CLODFELTER, DOUGLAS J
STREET ADDRESS	4240 NORTHLAKE BLVD
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: James D. Clodfelter James D. Clodfelter 2-01-08 561 760041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #