

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90194 001 ***150.00
05-03-2005 90194 002 *****8.75

DOCUMENT # P96000068227

1. Entity Name
BAY SHORE ROOFING CO.



Principal Place of Business

~~11101 NORMANDY PLACE~~
~~SUITE 2~~
~~TAMPA, FL 33617~~

Mailing Address

~~11101 NORMANDY PLACE~~
~~SUITE 2~~
~~TAMPA, FL 33617~~

2514 W Kansas Ave
#C
Tampa Fl 33629



DO NOT WRITE IN THIS SPACE

01262005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3397607

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EWERS, EDWARD H
~~11101 NORMANDY PLACE~~ **2514 W Kansas Ave #C**
~~SUITE 2~~ **Tampa Fl 33629**
~~TAMPA, FL 33617~~

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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 signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD
NAME EWERS, EDWARD H
STREET ADDRESS ~~11101 NORMANDY PLACE~~ **2514 W Kansas Ave #C**
CITY-ST-ZIP ~~TAMPA, FL 33617~~ **Tampa Fl 33629**

TITLE VSD
NAME EWERS, EDWARD
STREET ADDRESS ~~11101 NORMANDY PLACE~~ **2514 W Kansas Ave #C**
CITY-ST-ZIP ~~TAMPA, FL 33617~~ **Tampa Fl 33629**

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-625-7663