2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000079213

LEWIS, BETH C

TAMPA, FL 33619

9331 W ADAMO DRIVE # 200

Name:

Address:

City-St-Zip:

Entity Name: BAYSHORE HOTEL CORPORATION

FILED Feb 18, 2005 Secretary of State

Entity Name: Batshore Hotel Corporation					
Current Pr	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
9331 W. ADAMO DR 200 TAMPA, FL 33619			9331 ADAMO DR 200 TAMPA, FL 33619		
,					
Current Mailing Address:			New Mailing Address	s.	
9331 W. ADAMO DR 200			9331 ADAMO DR 200		
TAMPA, FL 33619			TAMPA, FL 33619		
FEI Number:	59-3401727	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
LEWIS, JAMES W JR 9331 W ADAMO DRIVE SUITE 200 TAMPA, FL 33619 US			LEWIS, JAMES W JR 9331 ADAMO DRIVE SUITE 200 TAMPA, FL 33619 US	9331 ADAMO DRIVE	
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: JAMES W. LEWIS JR.				02/18/2005	
	Electron	ic Signature of Registered Age	nt	Date	
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	C () ABRAHAMSON, 5341 GULF OF LONGBOAT KE	MEXICO DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () ABRAHAMSON, 5341 GULF OF LONGBOAT KE	MEXICO DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () LEWIS, CHRIST 9331 W ADAMO TAMPA, FL 336	DRIVE # 200	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST () LEWIS, JAMES 9331 W ADAMO TAMPA, FL 336	DRIVE # 200	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D ()	Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: BETH C. LEWIS D 02/18/2005