

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P96000083503

1. Entity Name

BAYSIDE WATER CONDITIONING, INC.



FILED

Jan 28, 2005 08:00 AM
Secretary of State

Principal Place of Business
7832 OSTEEN RD
NEW PORT RICHEY FL 34653

Mailing Address

7832 OSTEEN RD
NEW PORT RICHEY FL 34653

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

65-0703057

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUCHER, GERALDINE
7832 OSTEEN RD
NEW PORT RICHEY FL 34653

Name

Street Address (P O Box Number is Not Acceptable)

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

01728705-80060-020 Change Addition

TITLE PDT
NAME BUCHER, GERALDINE
STREET ADDRESS 7832 OSTEEN RD
CITY-ST-ZIP NEW PORT RICHEY FL 34653-1323

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPS
NAME BUCHER, STEVE
STREET ADDRESS 17240 US 19
CITY-ST-ZIP HUDSON FL 34667

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME FERD, BUCHER
STREET ADDRESS 7832 OSTEEN RD
CITY-ST-ZIP NEW PORT RICHEY FL 34653-1323

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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: *Geraldine A. Bucher* 1-25-05 727 846 9528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #