

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90029 023 ***150.00

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1. Entity Name
BAYSIDE WATER CONDITIONING, INC.



Principal Place of Business ← (SAME) → Mailing Address

~~7832 OSTEEN RD~~
~~NEW PORT RICHEY, FL 34653~~
15050 Switch Back Rd Brooksville FL 34609



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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~~
STEVE BUCHER
15050 SWITCH BACK RD
BROOKSVILLE FL
34609

**DO NOT WRITE
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

1-25-06

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Steve Bucher **STEVE BUCHER**

Date

Daytime Phone #

1-25-06 **(727) 862-2374**