2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000084008

Name:

Address: City-St-Zip: ALLEN, M. THERESE

2221 LAKESIDE DR.

ORLANDO, FL 32803

Entity Name: BAY AREA INSURANCE SHOP, INC.

FILED Apr 10, 2008 Secretary of State

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Current P	rincipal Place	e of Business:	New Principal Place	New Principal Place of Business:	
1452 COL CLEARW	JRT ST ATER, FL 337	56			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
1452 COL CLEARW	JRT ST ATER, FL 337	56			
FEI Number	: 65-0699718	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
The above	e of Florida.		purpose of changing its registere	d office or registered agent, or both,	
		nic Signature of Registered Ag	gent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (TRIMBLE, MEI 1452 COURT S CLEARWATER	ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (SCHLIFSTEIN 1452 COURT S CLEARWATER	ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D (X	() Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MICHELE SCHLIFSTEIN D 04/10/2008