2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000027233

1. Entity Name
BAYSHORE CONTRACTING CORPORATION

Principal Place of Business	Mailing Address
2311 W. MAIN ST. SUITE 200 TAMPA, FL 33607 US	PO BOX 10396 TAMPA, FL 33679

DO NOT WRITE IN THIS SPACE

01052005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3441391	Not Applicable

5. Certificate of Status Desired ☑	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WATKINS, ROBERT I
610 S BOULEVARD
TAMPA, FL 33606

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

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	P
NAME	WINN, ERNEST
STREET ADDRESS	3810 W BARCELONA ST
CITY-ST-ZIP	TAMPA, FL 33629

TITLE	VP
NAME	DUCKWORTH, BARRY L
STREET ADDRESS	2314 N B ST
CITY-ST-ZIP	TAMPA, FL 33609

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CITY-ST-ZIP	

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: _Ernest Winn_   1-11-05   813-250-1547

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #