



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90014 047 ***150.00

DOCUMENT # P97000077549					
1. Entity Name HR BAYSIDE OFFICE, INC.					
Principal Place of Business 15500 ROOSEVELT BLVD STE 303 CLEARWATER, FL 33760			Mailing Address 15500 ROOSEVELT BLVD STE 303 CLEARWATER, FL 33760		
2. Principal Place of Business - No P.O. Box # 4592 Wmerton Road Suite, Apt. #, etc. Suite 100 City & State Clearwater, FL Zip 33762 Country USA		3. Mailing Address 4592 Wmerton Road Suite, Apt. #, etc. Suite 100 City & State Clearwater, FL Zip 33762 Country USA		04242007 Chg-P CR2E034 (12/06)  04242007 Chg-P CR2E034 (12/06) 4. FEI Number 59-3474963 Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HAYDON, ROGERS K 15500 ROOSEVELT BLVD STE 303 CLEARWATER, FL 33760				7. Name and Address of New Registered Agent Name Haydon, Rogers K. Jr. Street Address (P.O. Box Number is Not Acceptable) 4592 Wmerton Road Suite 100 City Clearwater FL Zip 33762	
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 _____ DATE <u>4/25/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE VPS NAME RUBIN, LESLIE A STREET ADDRESS 15500 ROOSEVELT BLVD, STE 303 CITY-ST-ZIP CLEARWATER, FL 33760	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS 4592 Wmerton Road, Suite 100 CITY-ST-ZIP Clearwater, FL 33762	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PT NAME HAYDON, ROGERS K JR. STREET ADDRESS 15500 ROOSEVELT BLVD, STE 303 CITY-ST-ZIP CLEARWATER, FL 33760	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 4592 Wmerton Road, Suite 100 CITY-ST-ZIP Clearwater, FL 33762	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 any address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/25/07</u> Daytime Phone # <u>727-539-0777</u>		

Rogers K. Haydon, Jr.