

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

07-08-2005 90023 004 \*\*\*150.00

FILED P97000093812  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 AUG 12 PM 4:25

**DOCUMENT # P97000093812**

1. Entity Name  
**BAY CITY SALES, INC.**



Principal Place of Business  
**2500 E HALLANDALE BEACH BLVD STE 608  
HALLANDALE, FL 33009**

Mailing Address  
**2500 E HALLANDALE BEACH BLVD STE 608  
HALLANDALE, FL 33009**

**50055297**



07012005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0796254**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**BOHM, RONALD  
2500 E HALLANDALE BEACH BLVD STE 608  
HALLANDALE, FL 33009  
21150 POINT PLACE #1403  
AVENTURA, FLA. 33180**

**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

*Ronald Bohm* **RONALD BOHM**

**7/5/05**

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  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PCEO  
BOHM, RONALD L 21150 POINT PLACE  
2500 E HALLANDALE BEACH BLVD STE 608 #1403  
HALLANDALE, FL 33009 AVENTURA, FLA. 33180**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVP  
BOHM, JUDY 21150 POINT PLACE  
2500 E HALLANDALE BEACH BLVD STE 608 #1403  
HALLANDALE, FL 33009 AVENTURA, FLA. 33180**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

*Ronald Bohm* **RONALD BOHM**

**7/5/05**

**954-456-3123**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #