

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90020 010 \*\*\*550.00

**DOCUMENT # P98000004680**

1. Entity Name  
BAY DISTRIBUTORS, INC.



Principal Place of Business  
ONE NATIONAL DRIVE, SW  
ATLANTA, GA 30336

Mailing Address  
PO BOX 44127  
ATLANTA, GA 30336

**DO NOT WRITE IN THIS SPACE**



06302004 No Chg-P CR2E034 (10/03)

4. FEI Number  
58-0516238

Applied For

Not Applicable

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

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

BONCHICK, NORMAN  
441 W 12TH AVE  
DEERFIELD BCH, FL 33442

**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 \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME DAVIS, JAY M  
STREET ADDRESS ONE NATIONAL DR  
CITY-ST-ZIP ATLANTA, GA 30336

TITLE EVTD  
NAME CARLOS, JOHN A  
STREET ADDRESS ONE NATIONAL DR.  
CITY-ST-ZIP ATLANTA, GA 30336

TITLE EVSD  
NAME ROSENBERG, HERBERT J  
STREET ADDRESS ONE NATIONAL DR.  
CITY-ST-ZIP ATLANTA, GA 30336

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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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 exemption stated in Section 19.07(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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Herbert Rosenberg

Date

Daytime Phone #

7/1/04

404-696-9440