


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90148 039 ***150.00

DOCUMENT # P98000094407	
1. Entity Name BAYSIDE UTILITY SERVICES, INC.	

Principal Place of Business 200 WEATHERSFIELD AVE ALTAMONTE SPRINGS, FL 32714	Mailing Address 2335 SANDERS ROAD NORTHBROOK, IL 60062
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40066136



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04102007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3581579	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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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
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	CCED	<input checked="" type="checkbox"/> Delete		TITLE	CEO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CAMAREN, JAMES			NAME	JOHN M. STOKES		
STREET ADDRESS	2335 SANDERS RD			STREET ADDRESS	2335 SANDERS RD		
CITY-ST-ZIP	NORTHBROOK, IL 60062			CITY-ST-ZIP	NORTHBROOK, IL 60062		
TITLE	PCFD	<input type="checkbox"/> Delete		TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHUMACHER, LAWRENCE			NAME			
STREET ADDRESS	2335 SANDERS RD			STREET ADDRESS			
CITY-ST-ZIP	NORTHBROOK, IL 60062			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE	VP, CFO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CROSSETT, LISA			NAME	DANIEL J. DELGADO		
STREET ADDRESS	2335 SANDERS RD			STREET ADDRESS	2335 SANDERS RD		
CITY-ST-ZIP	NORTHBROOK, IL 60062			CITY-ST-ZIP	NORTHBROOK, IL 60062		
TITLE		<input type="checkbox"/> Delete		TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	STEVEN M. LUBERTOZZI		
STREET ADDRESS				STREET ADDRESS	2335 SANDERS RD		
CITY-ST-ZIP				CITY-ST-ZIP	NORTHBROOK, IL 60062		
TITLE		<input type="checkbox"/> Delete		TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	JOHN HOY		
STREET ADDRESS				STREET ADDRESS	2335 SANDERS RD		
CITY-ST-ZIP				CITY-ST-ZIP	NORTHBROOK, IL 60062		
TITLE		<input type="checkbox"/> Delete		TITLE	SECRETARY	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	JOHN STOVER		
STREET ADDRESS				STREET ADDRESS	2335 SANDERS ROAD		
CITY-ST-ZIP				CITY-ST-ZIP	NORTHBROOK, IL 60062		

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 an address, with all other like empowered.

SIGNATURE: <u>D. J. Delgado</u>	Date: <u>4/13/07</u>	Daytime Phone #: <u>847-498-6440</u>
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DANIEL J. DELGADO, VP, CFO