

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90286 002 ***158.75

DOCUMENT # P99000027874

1. Entity Name
BAY PAINTING SERVICES INC.



Principal Place of Business
2025 20TH AVE. PKWY.
INDIAN ROCKS BEACH, FL 33785

Mailing Address
2025 20TH AVE. PKWY.
INDIAN ROCKS BEACH, FL 33785

14011149



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
2301 34th WAY N. Ste B
City & State
Largo, Florida

Suite, Apt. #, etc.
City & State

01152005 Chg-P CR2E034 (10/03)

Zip
33771

Country
Pinellas

Zip

Country

4. FEI Number
59-3578754

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOSPEH, CALECO GARY
2025 20TH AVE. PKWY.
INDIAN ROCKS BEACH, FL 33785

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	CALECO, GARY J	
STREET ADDRESS	2025 20TH AVE PKWY	
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 authority like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05

727 667-0068

Date

Daytime Phone #