

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90561 008 \*\*\*150.00

<b>DOCUMENT # P99000035533</b>					
<b>1. Entity Name</b> BAYSIDE CLEANING SERVICES, INC.					
<b>Principal Place of Business</b> 1600 PARKWOOD CIRCLE, SUITE 400 ATLANTA, GA 30339			<b>Mailing Address</b> 1600 PARKWOOD CIRCLE SUITE 400/ATTN:CORPORATE TAX ATLANTA, GA 30339		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> NOT APPLICABLE	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
MIAMI CENTER REGISTERED AGENTS, INC. 201 S. BISCAYNE BLVD. 17TH FLOOR MIAMI, FL 33131			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS HALPERIN, RICHARD E 1600 PARKWOOD CIRCLE STE 400 ATLANTA, GA 30339		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST SFRIEDLANDER, SCOTT E 1600 PARKWOOD CIRCLE STE 400 ATLANTA, GA 30339		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST BLUESTEIN, PATRICIA E 1600 PARKWOOD CIRCLE STE 400 ATLANTA, GA 30339		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MCNEESE, JACK L 1600 PARKWOOD CIRCLE STE 400 ATLANTA, GA 30339		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SCHOENFIELD, ELI 7700 CONGRESS AVENUE, SUITE 3214 BOCA RATON, FL 33487		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Jack L McNeese</i>			4/28/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			770 436 9961		
Date			Daytime Phone #		