2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 08, 2007 08:00 AM Secretary of State

ANNUAL REPORT							
DOCUMENT # P9900 1. Entity Name BAYVIEW SNACKS, INC.							
Principal Place of Business	Mailing Address						
4053 AUSTON WAY PALM HARBOR, FL 34685	4053 AUSTON WAY Palm Harbor, Fl 34685						



DO NOT WRITE IN THIS SPACE

01032007 No Chg-P CR2E034 (11/05)

Applied For Not Applicable

5. Certificate of Status Desired

4. FEI Number 59-3578348

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RESSEGIUE, RICHARD S 4053 AUSTON WAY PALM HARBOR, FL 34685

DO NOT WRITE IN THIS SPACE

			IN THIS STASE				
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 relinstating) DATE							
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financin Trust Fund Contribution.	° 🗆	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS			1		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RESSEGIUE, RICHARD S 5157 SILENT LOOP, STE. 307 NEW PORT RICHEY, FL 34652						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS RESSEGIUE, DEBORAH 4053 AUSTON WAY PALM HARBOR, FL 34685	,			U00000577062 01/08/07-80001-014 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
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							

12. I hereby certify that the information supplied with this filling 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.

CHATURE POLICE POLICE POLICE 1/03/07 712 77/763