
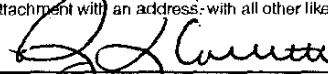


FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90283 032 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000066628 1. Entity Name RE BAYONET POINT, INC.			
Principal Place of Business 8132 AVENUE HUDSON, FL 34669		Mailing Address 2111 GLENWOOD DRIVE SUITE 202 WINTER PARK, FL 32792	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DC <input type="checkbox"/> Delete NAME DEERING, LAWRENCE R STREET ADDRESS 200 CORPORATE CENTER DR., STE. 360 CITY-ST-ZIP MOON TOWNSHIP, PA 15108	TITLE D/C/CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Lawrence R. Deering STREET ADDRESS 800 Concourse Parkway S., Suite 200 CITY-ST-ZIP Maitland, FL 32751	TITLE PCOO <input type="checkbox"/> Delete NAME CONTE, JOSEPH D STREET ADDRESS 200 CORPORATE CENTER DR., STE. 360 CITY-ST-ZIP MOON TOWNSHIP, PA 15108	TITLE D/P/COO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Joseph D. Conte STREET ADDRESS 800 Concourse Parkway S., Suite 200 CITY-ST-ZIP Maitland, FL 32751
TITLE DT <input type="checkbox"/> Delete NAME CURCIO, EUGENE R STREET ADDRESS 200 CORPORATE CENTER DR, STE 360 CITY-ST-ZIP MOON TWP., PA 15108	TITLE D/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Eugene R. Curcio STREET ADDRESS 800 Concourse Parkway S., Suite 200 CITY-ST-ZIP Maitland, FL 32751	TITLE S <input type="checkbox"/> Delete NAME CORSETTI, ROSEMARY L STREET ADDRESS 200 CORPORATE CENTER DR., STE. 360 CITY-ST-ZIP MOON TOWNSHIP, PA 15108	TITLE S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Rosemary L. Corsetti STREET ADDRESS One Oxford Centre, 20th Floor, 301 Grant St. Pittsburgh, PA 15219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	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 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.			
SIGNATURE: 		Rosemary L. Corsetti 4/19/04 (412) 281-4420 <small>Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #</small> Secretary	

54044069



04142004 Chg-P CR2E034 (10/03)

4. FEI Number **59-3590536** Applied For Not Applicable

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