2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 15, 2004 8:00 am Secretary of State DOCUMENT # P99000075874 1. Entity Name 04-15-2004 90043 020 ***150.00 BAYSIDE TECHNOLOGIES, INC. Principal Place of Business Mailing Address 725 SAN CARLOS DRIVE FORT MYERS BEACH FL 33931 725 SAN CARLOS DRIVE FORT MYERS BEACH FL 33931 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State Applied For City & State 4. FEI Number 65-0948690 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FRALEY, JOHN R Street Address (P.O. Box Number is Not Acceptable) 725 SAN CARLOS DRIVE FORT MYERS BEACH FL 33931 City Zip Code FL 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, 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State, OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD TITLE Delete TITLE Change ☐ Addition FRALEY, JOHN R NAME NAME STREET ADDRESS 725 SAN CARLOS DRIVE STREET ADDRESS CITY-ST-ZIP FORT MYERS BEACH FL 33931 CITY-ST-ZIP **VSD** ☐ Delete TITLE TITLE ☐ Change ☐ Addition FRALEY, VIRGINIA D NAME NAME STREET ADDRESS 725 SAN CARLOS DRIVE STREET ADDRESS CITY-ST-ZIP FORT MYERS BEACH FL 33931 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITI E ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITE F Delete TITLE ☐ Change ☐ Addition

FILED

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:

NAME

STREET ADDRESS

CITY-ST-ZIP

Fraley Virginia Fraley March 15, 2004 239-463-9533

NAME

STREET ADDRESS

CITY-ST-ZIP