


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> P99000087433	
1. Entity Name BAY HILL GROUP, INC.	

Principal Place of Business 5630 BROOKLINE DR ORLANDO, FL 32819	Mailing Address 5630 BROOKLINE DR ORLANDO, FL 32819
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DO NOT WRITE IN THIS SPACE



03132006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3598638

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

6. Name and Address of Current Registered Agent

ROSS, JACK W  
5630 BROOKLINE DR  
ORLANDO, FL 32819

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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 *Jack W Ross* (NOTE: Registered Agent signature required when relating)  
Signature, typed or printed name of registered agent and title if applicable. DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, MARY M 5630 BROOKLINE DR ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, JOHN W 9122 BROOKLINE DR ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, JACK W 5630 BROOKLINE DR ORLANDO, FL 32819
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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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary M. Ross* MARY M. ROSS 4/10/06 407-697-7565  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone