

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P99000104810

1. Entity Name

**BAY TO BAY CONSTRUCTION COMPANY OF LAKE
COUNTY**



Principal Place of Business

**202 N. DIXIE AVENUE
FRUITLAND PARK, FL 34731**

Mailing Address

**526 W MIRROR LK DR
FRUITLAND PWY
FRUITLAND PARK, FL 34731**



01192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3616360

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LOWRY, ARCHIE O JR.
308 E. FIFTH AVENUE
MOUNT DORA, FL 32757**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

U00000628526
02/16/07-80017-020 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

U00000628526
02/16/07-80017-019 8.75

10. OFFICERS AND DIRECTORS

**TITLE D
NAME BAILEY, MICHAEL S
STREET ADDRESS 526 W. MIRROR LAKE DRIVE
CITY-ST-ZIP FRUITLAND PARK, FL 34731**

**TITLE D
NAME BAILEY, CINDY L
STREET ADDRESS 526 W. MIRROR LAKE DRIVE
CITY-ST-ZIP FRUITLAND PARK, FL 34731**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
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CITY-ST-ZIP**

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**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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IN THIS SPACE**

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael S Bailey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/07

Date

352-728-1851

Daytime Phone #