

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # S06185

1. Entity Name
BAY ERECTORS AND RIGGING, INC.



Principal Place of Business
**7792 PROFESSIONAL PLACE, B
TAMPA, FL 33637 US**

Mailing Address
**7792 PROFESSIONAL PLACE, B
TAMPA, FL 33637 US**



03212006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3045196

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**THOMPSON, CORY
1126 HARDWOOD DR.
VALRICO, FL 33594**

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
THOMPSON, ALAN
10619 WALTER HUNTER
LITHIA, FL 33547**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
THOMPSON, NANCY
10619 WALTER HUNTER
LITHIA, FL 33547**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
THOMPSON, CORY
1126 HARDWOOD DR.
VALRICO, FL 33594**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000473000
04/08/06-80031-012 150.00

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cory Thompson

3/21/06

Date

813 984 8448

Daytime Phone #