

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # S41474		
1. Entity Name BAYSHORE PUBLISHING GROUP, INC.		
Principal Place of Business 122 PALAFOX PLACE PENSACOLA FL 32501 US		Mailing Address PO BOX 346 PENSACOLA FL 32591 US
2. Principal Place of Business		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip 32502	Country	Zip 32592
Country		Country

FILED
04 MAY -5 PM 4: 34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E034 (11/03)

4. FEI Number 59-3065391		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
DUNLAP, DEBORAH 122 PALAFOX PLACE PENSACOLA FL 32501				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: *Deborah Dunlap* (NOTE: Registered Agent signature required when reinstating) DATE: Feb 4, 2004

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUNLAP, DEBORAH			NAME			
STREET ADDRESS	122 PALAFOX PLACE			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32501			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: *Deborah Dunlap* DATE: Feb 4, 2004 DAYTIME PHONE #: 850-434-1122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #