## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** DOCUMENT # \$43799 Apr 28, 2006 08:00 AN Secretary of State 1. Entity Name BAY AREA REAL ESTATE, INC. Principal Place of Business Mailing Address POST OFFICE BOX 5716 POST OFFICE BOX 5716 TAMPA FL 33675 TAMPA FL 33675 2. Principal Place of Business 3. Mailing Address Suite, Apl. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-3067678 Not Applicable 200 Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HEAGEY, R.C. III Street Address (P.O. Box Number is Not Acceptable) 1320 EAST 8TH AVENUE SUITE 7 TAMPA FL 33605 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required where remistating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Title Delete ☐ Change ☐ Addition NAME HEAGEY, R.C. III MAMA U00000543281 /10/06-80133-002 150.00 STREET ADDRESS. 227 COLUMBIA DR. APT B STREET AODRESS CITY - ST - ZIP TAMPA FL 33606 CITY-ST-ZIP TITLE ☐ Delete TOTLE Change Addition MAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILLE ☐ Delete DIDE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STRLET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HRE ☐ Defete TITLE ☐ Change Addition NAME MARKE STREET ADURESS STREET ADDRESS CHY-St-ZIP CITY-ST-ZIP TITLE Delete THILE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS Chr-St-ZIP CITY-ST-ZIP THILE Delete HHE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CHY-SI-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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