2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jun 01, 2004 8:00 am Secretary of State DOCUMENT # S94667 1. Entity Name 06-01-2004 90743 001 ***150 00 BAYSIDE PROPERTIES, INC. 06-01-2004 90743 002 ***400.00 Principal Place of Business Mailing Address 350 S. INDIANA AVE. ENGLEWOOD PL 34223 350 S. INDIANA AVE. ENGLEWOOD FL 34223 CR2E034 (11/03) MOORE 4. FEI Number Applied For 65-0297644 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEMAREE, WILLIAM M. 350 S. INDIANA AVE. Street Address (P.O. Box Number is Not Acceptable) ENGLEWOOD FL 34223 1460 South McCall Rd., Suite 3-D Englewood, FL 34223 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ∇PD TD 🔀 Change TITLE TITLE Addition ☐ Delete DAMEWOOD, KATHY E. NAME NAME 30 SPYGLASS ALLEY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLACIDA FL 33946 CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition TD NAME DEMAREE, WILLIAM M. 5405 DAVID BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL CITY-ST-ZIP TITLE Delete TITLE Change i 🗌 Addition PD -BROWN, RUTH T. NAME NAME STREET ADDRESS STREET ADDRESS 125 ENGLEWOOD HEIGHTS RD CITY-ST-ZIP ENGLEWOOD FL CITY-ST-ZIP TITLE Delete TITLE Addition JARVIS, CAROLYN NAME 1455 E. CREST DR. STREET ADDRESS STREET ADDRESS ENGLEWOOD FL CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Addition ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

941-475-1311

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MEMO from E	Bill Demaree
To H. Dept. of State Date	5/28/04 Time
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in April 4 got rather Than	filled
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Vm	M. Homarie