2006 FOR PROFIT CORPORATION **ANNUAL REPORT** DOCUMENT # V00392 BAYSHORE PAINTING, INC. Principal Place of Business Mailing Address 29712 U.S. 19 NORTH 29712 U.S. 19 NORTH #413 #413 CLEARWATER, FL 33761 CLEARWATER, FL 33761 US DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent ROMAN, THOMAS A.

FILED Jun 02, 2006 08:00 AM Secretary of State

| 29712 U.S. 19 NORTH #413 CLEARWATER, FL 33761 US CLEARWATER, FL 33761 US CLEARWATER FL 33761 US CLEARWATER FL 33761 US | | | 04252006 4. FEI Numb 59-311 | 4. FEI Number Applied For 59-3112341 Not Applicable | | | |
|---|--|--|---|---|---|---|--|
| 6 Name and Address of Custont Real | riored Agent | 1 | G. Cerimodia | | Fee | Required | |
| ROMAN, THOMAS A. 2340 MAIN ST SUITE L DUNEDIN, FL 34698 | | | DO NOT WRITE IN THIS SPACE | | | | |
| tions of registered agent. Signature, typed or printed name of registered agent and title. E NOWIII FEE IS \$150.00 | ent applicable (NOTE, Registered 9. Election Campaign Finan | d Ageni signature re | \$5.00 May Be | U00000S | DATE 066567 | <u></u> | |
| lay 1, 2006 Fee will be \$550.00 | Trust Fund Contribution. | · | Added to Fees | 06/02/06-8 | 0004-004 | 150.00 | |
| OFFICERS AND DIRE PDT GLENN, ROBERT E. 29712 US 19N #413 CLEARWATER, FL 33761 | CTORS | | | | | | |
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| | | | IN ' | THIS SF | PACE | | |
| | 19 NORTH R, FL 33761 US ONOT WRITE II 6. Name and Address of Current Registroman Address o | 29712 U.S. 19 NORTH #413 R, FL 33761 US CLEARWATER, FL 33761 U ONOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent THOMAS A. N ST I, FL 34698 a named entity submits this statement for the purpose of changing its registered tions of registered agent. Signature, typed or printed name of registored agent and lite if applicable (NOTE, Registere lay 1, 2006 Fee will be \$550.00) OFFICERS AND DIRECTORS PDT GLENN, ROBERT E. 29712 US 19N #413 | 19 NORTH 29712 U.S. 19 NORTH #413 R, FL 33761 US CLEARWATER, FL 33761 US DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent THOMAS A. N ST I, FL 34698 a named entity submits this statement for the purpose of changing its registered office or registered agent. Signature, typed or prelied name of registered agent and title if applicable (NOTE, Registered Agent signature of ay 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS PDT GLENN, ROBERT E. 29712 US 19N #413 | 19 NORTH 29712 U.S. 19 NORTH #413 R, FL 33761 US O4252006 ONOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent THOMAS A. N ST I, FL 34698 DO IN Synthius, hybrid or priviled name of registered agent, or bottoms of registered agent. PDT GLENN, ROBERT E. 29712 US 19 N #413 CLEARWATER, FL 33761 O4252006 4. FEI Numb 59-311 5. Certificate ONOTE: Registered office or registered agent, or bottoms of registered agent. (NOTE: Registered Agent separative recounted when recalating) PDT GLENN, ROBERT E. 29712 US 19N #413 CLEARWATER, FL 33761 | 19 NORTH 29712 U.S. 19 NORTH #413 R, FL 33761 US ONOT WRITE IN THIS SPACE O4252006 No Chg-P 4. FEI Number 59-3112341 5. Certificate of Status Desired O5-3112341 5. Certificate of Status Desired IN THIS SP OFFICERS AND DIRECTORS PDT GLEAN, ROBERT E. 29712 U.S. 19 NORTH #413 CLEARWATER, FL 33761 OA452006 No Chg-P 4. FEI Number 59-3112341 5. Certificate of Status Desired IN THIS SP IN THIS SP IN THIS SP IN THIS SP PDT GLEAN, ROBERT E. 29712 U.S 19N #413 CLEARWATER, FL 33761 DO NOT W IN THIS SP ID DD DD ST IT US FUND Contribution ST OFFICERS AND DIRECTORS DO NOT W IN THIS SP ID DD DD ST IT US FUND CONTRIBUTION ST DO NOT W IN THIS SP ID DD DD ST ID DD DD ST ID DD DD ST OFFICERS AND DIRECTORS DO NOT W DO NOT W | 19 NORTH 29712 U.S. 19 NORTH #413 R, FL 33761 US ONOT WRITE IN THIS SPACE 04252006 No Chg-P CR2E034 (4. FEI Number 59-3112341 5. Certificate of Status Desired | |

I hereby certify that the informatide 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 of supplied entail reporting 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 grantisted an ownered 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 and address with all other like empowered.

SIGNATURE:

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

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #