


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90343 010 \*\*\*158.75

**DOCUMENT # F01000003018**  
 1. Entity Name  
**BAY4 CAPITAL PARTNERS, INC.**



Principal Place of Business  
**6300 SOUTH SYRACUSE WAY, SUITE 290**  
**ENGLEWOOD, CO 80111**

Mailing Address  
~~101 PHILIPPE PKWY~~  
~~SUITE 300~~  
~~SAFETY HARBOR, FL 34695~~

**24047641**

2. Principal Place of Business  
**10901 W Toller Dr.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**311 N Bayshore Dr**  
 Suite, Apt. #, etc.



01062004 Chg-P CR2E034 (10/03)

City & State  
**Littleton, CO**

City & State  
**Safety Harbor, FL**

Zip  
**80127**

Country  
**US**

Zip  
**34695**

Country  
**US**

4. FEI Number  
**84-1586081**

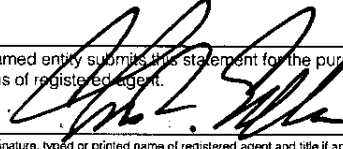
Applied For  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
~~BIDDINGER, CLAY M~~  
~~101 PHILIPPE PARKWAY, SUITE 300~~  
~~SAFETY HARBOR, FL 34695~~

7. Name and Address of New Registered Agent  
 Name  
**Florida Corporate Counsel, LLC**  
 Street Address (P.O. Box number is Not Acceptable)  
**101 Philippe Pkwy, suite 301**  
 City  
**Safety Harbor FL** Zip Code  
**34695**

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.

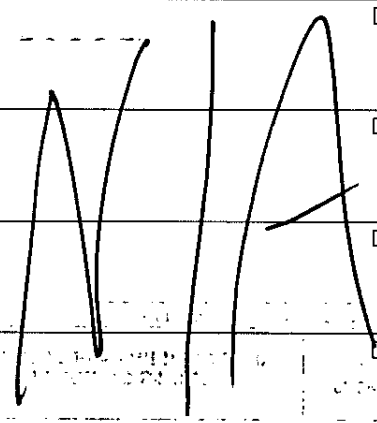
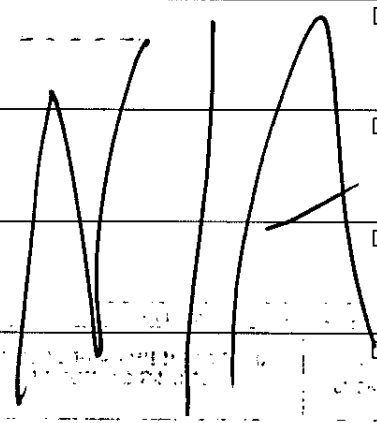
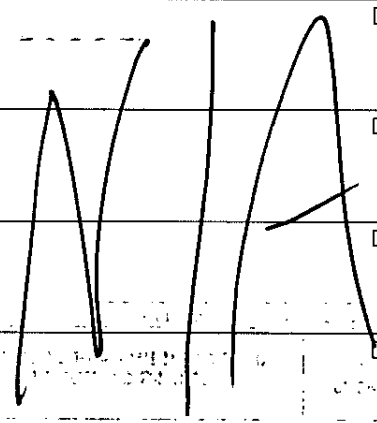
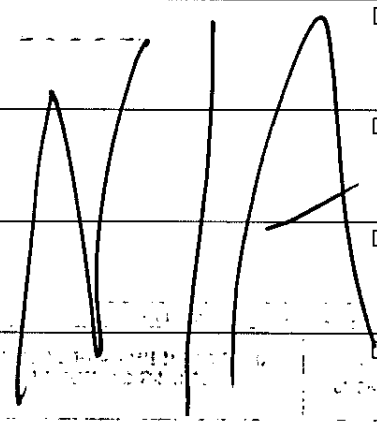
SIGNATURE:  **President** / ~~President~~ **1/9/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

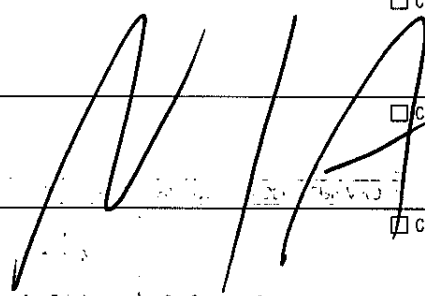
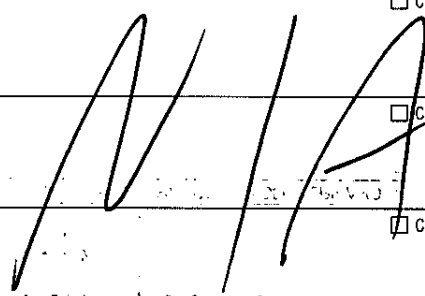
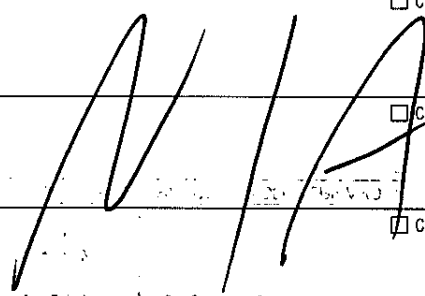
**FILE NOW!!! FEE IS \$150.00 + \$8.75 = \$158.75 After May 1, 2004 Fee will be \$550.00**

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

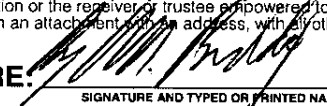
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BIDDINGER, CLAY M 2841 GOBBLESTONE DR PALM HARBOR, FL 34684	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SULLIVAN, CRISTOPHER R 788 HARBOR ISLAND CLEARWATER BEACH, FL 33767	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Biddinger, clay m 311 N Bayshore Drive Safety Harbor, FL 34695	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Sullivan, Christopher R 101 Philippe Pkwy, Suite 301 Safety Harbor, FL 34695	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Gonzalez, Ramon III 311 N Bayshore Drive Safety Harbor, FL 34695	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, and an address, with any other like empowered.

SIGNATURE:  **President** **1/9/04** **(727) 216-4000**

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