


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90040 042 \*\*\*150.00

**DOCUMENT # F02000004571**  
 1. Entity Name  
**BAY FIRE PRODUCTS, INC.**



Principal Place of Business      Mailing Address  
**2400 HWY 31 SOUTH**      **PO BOX 1024**  
**BAY MINETTE AL**      **BAY MINETTE AL 36507**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**63-1049365**      Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**EILAND, TIM**  
**6271 OGDEN ROAD**  
**JACKSONVILLE FL 32216**

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**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**

|                |                      |                                 |
|----------------|----------------------|---------------------------------|
| TITLE          | C                    | <input type="checkbox"/> Delete |
| NAME           | DEWBERRY, CHARLES    |                                 |
| STREET ADDRESS | 1805 DAY AVE         |                                 |
| CITY-ST-ZIP    | BAY MINETTE AL 36507 |                                 |
| TITLE          | VC                   | <input type="checkbox"/> Delete |
| NAME           | DEWBERRY, DEWAYNE    |                                 |
| STREET ADDRESS | 209 E 9TH ST         |                                 |
| CITY-ST-ZIP    | BAY MINETTE AL 36507 |                                 |
| TITLE          | D                    | <input type="checkbox"/> Delete |
| NAME           | DEWBERRY, E.M.       |                                 |
| STREET ADDRESS | 1805 DAY AVE         |                                 |
| CITY-ST-ZIP    | BAY MINETTE AL 36507 |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| 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:** *Charles S. Dewberry*      **3-26-04**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

J4001000



MOORE CR2E034 (11/03)