


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

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



Principal Place of Business 2400 HWY 31 SOUTH BAY MINETTE, AL	Mailing Address PO BOX 1024 BAY MINETTE, AL 36507
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DO NOT WRITE IN THIS SPACE



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number 63-1049365	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EILAND, TIM
 6271 OGDEN ROAD
 JACKSONVILLE, FL 32216

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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 Tim Eiland Tim Eiland DATE 4-19-05
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
After May 1, 2005 Fee will be \$550.00

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

000000326880
 04/25/05-80015-014 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	C DEWBERRY, CHARLES 1805 DAY AVE BAY MINETTE, AL 36507
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC DEWBERRY, DEWAYNE 209 E 9TH ST BAY MINETTE, AL 36507
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEWBERRY, E.M. 1805 DAY AVE BAY MINETTE, AL 36507
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Charles S. Dewberry DATE 4-19-05 DAYTIME PHONE # 251-937-2829
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR