


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 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

DO NOT WRITE IN THIS SPACE



01302006 No Chg-P CR2E034 (11/05)

4. FEI Number
63-1049365

Applied For
 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

DO NOT WRITE IN THIS SPACE

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, SALES** *Tim Eiland* **4-4-2006**
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when registering) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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

DO NOT WRITE IN THIS SPACE

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 04/21/06-80001-008 158.75

12. I hereby certify that the information 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 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* **4.4.06 251-937-282**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #