


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 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



04032008 No Chg-P CR2E034 (11/05)

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

**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* DATE 4-21-2008

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

000000917365
05/13/09-80039-011 158.75

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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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* DATE 4-21-08 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR