

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L47921

Entity Name: BY-PASS PROPERTIES, INC.

FILED
May 18, 2005
Secretary of State

Current Principal Place of Business:

36809 MISSOURI AVE
DADE CITY, FL 335233266 US

New Principal Place of Business:

Current Mailing Address:

36809 MISSOURI AVE
DADE CITY, FL 335233266 US

New Mailing Address:

FEI Number: 59-2995255 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COUNIHAN, NANCY B.
36809 MISSOURI AVENUE
DADE CITY, FL 33523 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: BURNS, NICHOLAS P
Address: 4328 COLUMBIA PIKE
City-St-Zip: FRANKLIN, TN 37064

Title: P () Delete
Name: COUNIHAN, NANCY B.,
Address: 36809 MISSOURI AVE
City-St-Zip: DADE CITY FL,

Title: ST () Delete
Name: SCHWARTZ, SARA B.
Address: 165 S. CAMELLIA AVE
City-St-Zip: CRYSTAL RIVER, FL 34429

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: BURNS, NICHOLAS P
Address: 605 BALLINGTON DRIVE
City-St-Zip: FRANKLIN, TN 37064

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: BURNS, SARAH B
Address: 36809 MISSOURI AVE
City-St-Zip: DADE CITY, FL 33523

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY B. COUNIHAN

P

05/18/2005

Electronic Signature of Signing Officer or Director

_____ Date