

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000052091

FILED
Mar 25, 2004
Secretary of State

Entity Name: BAYLEE HOMES, INC.

Current Principal Place of Business:

537 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119

New Principal Place of Business:

333 ANDALUSIA AVENUE
UNIT #4
ORMOND BEACH, FL 32174

Current Mailing Address:

537 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119

New Mailing Address:

333 ANDALUSIA AVENUE
UNIT #4
ORMOND BEACH, FL 32174

FEI Number: 59-3323042

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KEARY, JAMES J ESQ.
138 LIVE OAK AVENUE
DAYTONA BEACH, FL 321144912 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: GALLO, PATRICK
Address: 537 PELICAN BAY DRIVE
City-St-Zip: DAYTONA BEACH, FL 32119

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: GALLO, PATRICK
Address: 333 ANDALUSIA AVENUE #4
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP () Change (X) Addition
Name: HERRON, THOMAS D
Address: 12 RYMSHAW PLACE
City-St-Zip: PALM COAST, FL 32164

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: PATRICK GALLO

PSTD

03/25/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date