

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000062853

**Entity Name:** 401/411 BAYLEN, INC.**Current Principal Place of Business:**17 WEST CEDAR STREET  
SUITE 2  
PENSACOLA, FL 32502**Current Mailing Address:**P.O. BOX 12725  
PENSACOLA, FL 32591 US**FEI Number:** 59-3334696**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NICKELSEN, ERIC J  
120 EAST MAIN STREET  
SUITE E  
PENSACOLA, FL 32501 US*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

**Officer/Director Detail :**

|                 |                          |
|-----------------|--------------------------|
| Title           | D                        |
| Name            | CHADBOURNE, EDWARD M JR. |
| Address         | 192 HEWITT STREET        |
| City-State-Zip: | PENSACOLA FL 32503       |

|                 |                               |
|-----------------|-------------------------------|
| Title           | PD                            |
| Name            | NICKELSEN, ERIC J             |
| Address         | 120 EAST MAIN STREET, SUITE E |
| City-State-Zip: | PENSACOLA FL 32502            |

|                 |                     |
|-----------------|---------------------|
| Title           | DV                  |
| Name            | RUSSENBERGER, RAY D |
| Address         | 1901 CYPRESS STREET |
| City-State-Zip: | PENSACOLA FL 32501  |

|                 |                     |
|-----------------|---------------------|
| Title           | DST                 |
| Name            | MORETTE, SHARON S   |
| Address         | 2503 NORTH 12TH AVE |
| City-State-Zip: | PENSACOLA FL 32503  |

*I hereby 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 all other like empowered.*

**SIGNATURE:** ERIC NICKELSEN**PRESIDENT****04/18/2022**

Electronic Signature of Signing Officer/Director Detail

Date