

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

*DOCUMENT # 555775 1. Entity Name EAST BAY PROPERTIES, INC.	
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Principal Place of Business 6956 SANTA CLARA DRIVE NAVARRE, FL 32566 US	Mailing Address 6956 SANTA CLARA DRIVE NAVARRE, FL 32566 US
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02102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2420791	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, BEN L JR
6955 SANTA CLARA DRIVE
NAVARRE, FL 32566

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D HUBBARD, NORMA GILMORE 8021 WESTSIDE DRIVE PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEST, BILLY JOE 1840 AMANDA LANE CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BUTLER, DAVID R. 5518 CRESTWOOD DR KNOXVILLE, TN 37914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS DAVIS, BEN L, JR. 6956 SANTA CLARA DRIVE NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEADEN, JEAN 8696 SCENIC HIGHWAY PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLINGSWORTH, WALTER 72 KISATCHIE HILLS RD BOYCE, LA 71409

1107000457900
03/17/06 80022-021 150.00

**DO NOT WRITE
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: *BEN L. DAVIS, JR.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-06

850-939-4282

Date

Daytime Phone #

BEN L. DAVIS, JR.