## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Apr 25, 2005 8:00 am Secretary of State **DOCUMENT # 597975** 04-25-2005 90245 050 \*\*\*150.00 1. Entity Name BAYWOOD CONSTRUCTION, INC. Principal Place of Business Mailing Address 602 SE 16TH PL 602 SE 16TH PL CAPE CORAL, FL 33990 CAPE CORAL, FL 33990 03222005 CR2E034 (10/03) 4. FEI Number Applied For 59-1893560 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FLETCHER, CHARLES A Street Address (P.O. Box Number is Not Acceptable) 602 SE 16TH PL CAPE CORAL, FL 33990 FL 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Delete TITI F ☐ Change ☐ Addition TITLE FLETCHER, CHARLES A NAME 534 SE 16 PIACO Capo Coral, FL 33990 NAME STREET ADDRESS STREET ADDRESS 2804 DEL PRADO BLVD 102 CITY-ST-ZIP CITY-ST-7IP CAPE CORAL, FL 33904 VPS ☐ Delete TITLE ☐ Change ☐ Addition TITLE FLETCHER, ALICE M NAME NAME 2804 DEL PRADO BLVD 102 STREET ADDRESS STREET ADDRESS Wal. FL 33990 CITY-ST-ZIP CAPE CORAL, FL 33904 CITY-ST-ZIP ☐ Change VΡ Delate ☐ Addition TITLE SE 10 Place. DEVITO, MICHAEL J NAME NAME. 2804 DEL PRADO BLVD 102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33904 CITY-ST-ZIP TITI F ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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 paquired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered

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