


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 674884**  
 1. Entity Name  
**BAYNARD-KEY, INC.**



Principal Place of Business 1534 PARK STREET, NORTH ST. PETERSBURG, FL 33710	Mailing Address 1534 PARK STREET, NORTH ST. PETERSBURG, FL 33710
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**DO NOT WRITE IN THIS SPACE**



03232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2026168	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

FENNELL, SUSAN KEY  
 7166 118TH STREET NO  
 SEMINOLE, FL 34642

**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, 2004 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	P KEY, RICHARD 1534 PARK ST. NO. ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST FENNELL, SUSAN KEY 7166 118TH ST. NO. SEMINOLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV KEY, MARY R 1534 PARK ST NO ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

UN00000126350  
 04/23/04-80054-021 150.00

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**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 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:** Susan R. Fennell **4/15/04** **727-381-3893**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #