



FILED
Mar 31, 2005 08:00 AM
Secretary of State

<div style="display: flex; justify-content: space-between;"><div>DOCUMENT # 674884 1. Entity Name BAYNARD-KEY, INC.</div><div style="text-align: center;"></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Principal Place of Business 1534 PARK STREET, NORTH ST. PETERSBURG, FL 33710</div><div>Mailing Address 1534 PARK STREET, NORTH ST. PETERSBURG, FL 33710</div></div> <div style="text-align: center; margin-top: 20px; font-size: 1.2em; font-weight: bold;">DO NOT WRITE IN THIS SPACE</div>		<div style="text-align: right; font-weight: bold; font-size: 1.2em;">Mar 31, 2005 08:00 A</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">Secretary of State</div> <div style="text-align: center; margin-top: 20px;"></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;">03292005No Chg-PCR2E034 (10/03)</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>4. FEI Number 59-2026168</div><div>Applied For Not Applicable</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>5. Certificate of Status Desired <input type="checkbox"/></div><div>\$8.75 Additional Fee Required</div></div>																																																											
<div style="display: flex; justify-content: space-between;"><div style="width:45%;">6. Name and Address of Current Registered Agent FENNELL, SUSAN KEY 7166 118TH STREET NO SEMINOLE, FL 34642</div><div style="width:50%; text-align: center; font-size: 1.5em; font-weight: bold;">DO NOT WRITE IN THIS SPACE</div></div> <div style="margin-top: 10px; font-size: 0.8em;">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</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small></div><div>(NOTE: Registered Agent signature required when reinstating)</div><div>DATE _____</div></div>																																																													
<div style="display: flex; justify-content: space-between; margin-bottom: 10px;"><div style="width:30%;">FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</div><div style="width:40%;">9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</div><div style="width:30%;"></div></div> <div style="display: flex;"><div style="width:50%;">10. OFFICERS AND DIRECTORS<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:15%;">TITLE</td><td style="width:35%;">P</td><td style="width:50%;">KEY, RICHARD</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td>1534 PARK ST. NO.</td></tr><tr><td>CITY-ST-ZIP</td><td></td><td>8T. PETERSBURG, FL</td></tr><tr><td>TITLE</td><td>ST</td><td>FENNELL, SUSAN KEY</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td>7166 118TH ST. NO.</td></tr><tr><td>CITY-ST-ZIP</td><td></td><td>SEMINOLE, FL</td></tr><tr><td>TITLE</td><td>DV</td><td>KEY, MARY R</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td>1534 PARK ST NO</td></tr><tr><td>CITY-ST-ZIP</td><td></td><td>ST PETERSBURG, FL</td></tr><tr><td>TITLE</td><td></td><td></td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td></td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table></div><div style="width:50%; text-align: center; font-size: 1.5em; font-weight: bold;">DO NOT WRITE IN THIS SPACE</div></div> <div style="margin-top: 10px; font-size: 0.8em;">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.</div>		TITLE	P	KEY, RICHARD	NAME			STREET ADDRESS		1534 PARK ST. NO.	CITY-ST-ZIP		8T. PETERSBURG, FL	TITLE	ST	FENNELL, SUSAN KEY	NAME			STREET ADDRESS		7166 118TH ST. NO.	CITY-ST-ZIP		SEMINOLE, FL	TITLE	DV	KEY, MARY R	NAME			STREET ADDRESS		1534 PARK ST NO	CITY-ST-ZIP		ST PETERSBURG, FL	TITLE			NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE			NAME			STREET ADDRESS			CITY-ST-ZIP		
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<div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></div><div>SUSAN KEY FENNELL 3/29/05 727.381-3893 <small>Date Daytime Phone #</small></div></div>																																																													