## **2007 FOR PROFIT CORPORATION**

## **FILED ANNUAL REPORT** Apr 11, 2007 08:00 A Secretary of State **DOCUMENT #674884** 1. Entity Name BAYNARD-KEY, INC. Mailing Address Principal Place of Business 1534 PARK STREET, NORTH 1534 PARK STREET, NORTH ST. PETERSBURG, FL 33710 ST. PETERSBURG, FL 33710 03282007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2026168 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FENNELL, SUSAN KEY DO NOT WRITE 7166 118TH STREET NO SEMINOLE, FL 34642 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstati 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE KEY, RICHARD NAME U00000700350 04/20/07-80014-001 150.00 STREET ADDRESS 1534 PARK ST. NO. ST. PETERSBURG, FL CITY-ST-ZIP ST FENNELL, SUSAN KEY 7166 118TH ST. NO. STREET ADORESS CITY-ST-ZIP SEMINOLE, FL DV TITLE KEY, MARY R 1534 PARK ST NO STREET ADDRESS DO NOT WRITE ST PETERSBURG, FL CITY-ST-ZIP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE

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

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE MALAF STREET ADDRESS CITY-ST-ZIP