


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 681463	
1. Entity Name BAY BANK & TRUST CO.	

Principal Place of Business 509 HARRISON AVE PANAMA CITY, FL 32401-9621	Mailing Address 509 HARRISON AVE PANAMA CITY, FL 32401-9621
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01202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2055009	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	VS
NAME	HINDSMAN, JOHN G. III
STREET ADDRESS	602 COLORADO AVENUE
CITY- ST- ZIP	LYNN HAVEN, FL 32444
TITLE	DP
NAME	LEWIS, E. CLAY III
STREET ADDRESS	202 N COVE BLVD
CITY- ST- ZIP	PANAMA CITY, FL
TITLE	DC
NAME	PADGETT, EARL
STREET ADDRESS	236- OCEAN WAY
CITY- ST- ZIP	VERO BEACH, FL
TITLE	VP
NAME	VANLANDINHAM, ROBERT
STREET ADDRESS	107 LIMESTONE LANE
CITY- ST- ZIP	PANAMA CITY, FL 32405
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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01/24/05-80175-005 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]* EVP/COO 1/20/05 850-769-3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #