

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2005 8:00 am
Secretary of State

02-18-2005 90067 047 ****61.25

DOCUMENT # 769084 1. Entity Name EAST BAY ESTATES, INC.	
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Principal Place of Business BOX 1978 THOMASVILLE, GA 31799	Mailing Address BOX 1978 THOMASVILLE, GA 31799
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66005087



01182005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1577521	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BETTS, BEN F. 104 N MAGNOLIA DR TALLAHASSEE, FL 32301	DO NOT WRITE IN THIS SPACE
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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 _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fee**

TO: OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD METZNER, BRENDA H. 701 S BROAD ST THOMASVILLE, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD METZNER, T.C. 701 S BROAD ST THOMASVILLE, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETTS, BEN F. 104 W. MAGNOLIA TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 617, 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: Brenda H Metzner 3/9/05 229-227-0789
SIGNATURE AND TYPED OR PRINTED NAME OF SECOND OFFICER OR DIRECTOR Date Daytime Phone #