

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # F07000002159

1. Entity Name  
BAY COUNTY BOAT YARD, INC.



Principal Place of Business

6340 LIVELY ROAD  
CUMMING, GA 30130

Mailing Address

101 N CHURCH AVE  
PANAMA CITY, FL 32401

**FILED**

**Apr 22, 2008 08:00 AM**  
**Secretary of State**



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 58-1858931	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

JONES, ROBERT  
101 N CHURCH AVE  
PANAMA CITY, FL 32401

**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 renatating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

000000914570  
05/08/08-00060-015 150.00

10. OFFICERS AND DIRECTORS

TITLE CPS  
NAME JONES, ROBERT  
STREET ADDRESS 101 N. CHURCH AVE  
CITY-ST-ZIP PANAMA CITY, FL 32401

TITLE T  
NAME KENNEDY, ANTHONY J  
STREET ADDRESS 6335 POLO DRIVE  
CITY-ST-ZIP CUMMING, GA 30040

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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #