


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90100 022 ***150.00

DOCUMENT # F29367 1. Entity Name BAYMARC, INC.	
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Principal Place of Business 730 BAYFRONT PARKWAY PENSACOLA, FL 32501	Mailing Address 730 BAYFRONT PARKWAY PENSACOLA, FL 32501
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DO NOT WRITE IN THIS SPACE



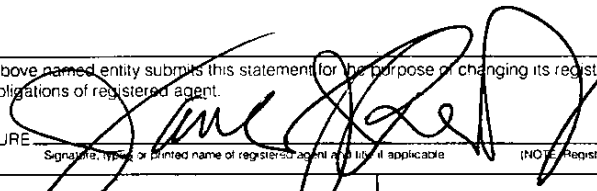
02272006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2720696	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 REEVES, JAMES J. 730 BAYFRONT PARKWAY, SUITE 4-B PENSACOLA, FL 32501

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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:  <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY - ST - ZIP	SD REEVES, JAMES J. 730 BAYFRONT PKWY. #4B PENSACOLA, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PRESLEY, M. EUGENE 522 EAST GOVERNMENT ST <i>Box 329</i> PENSACOLA, FL 00000,32591 <i>03291</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>EW Bullock III</i> <i>730 Bayfront Pkwy</i> <i>PENSACOLA FL 32502</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 reports 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date	Daytime Phone #
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