2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State
05-14-2007 90080 034 ***150.00

DOCUMENT # F29367

1. Entity Name
BAYMARC, INC.

Principal Place of Business	Mailing Address
730 BAYFRONT PARKWAY PENSACOLA, FL 32501	730 BAYFRONT PARKWAY PENSACOLA, FL 32501

DO NOT WRITE IN THIS SPACE

04232007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2720696
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

REEVES, JAMES J.
730 BAYFRONT PARKWAY, SUITE 4-B
PENSACOLA, FL 32501

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	REEVES, JAMES J.
STREET ADDRESS	730 BAYFRONT PKWY. #4B
CITY-ST-ZIP	PENSACOLA, FL 00000,
TITLE	PD
NAME	~~PRESLEY, M. EUGENE~~
STREET ADDRESS	~~POB 329~~
CITY-ST-ZIP	~~PENSACOLA, FL 325910329~~
TITLE	VPD
NAME	BULLOCK, EW
STREET ADDRESS	730 BAYFRONT PKWY
CITY-ST-ZIP	PENSACOLA, FL 32502
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 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: James J Reeves Sec 4/23/07 8504384400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #