May. 1. 2006 11:44AM

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Secretary of State
05-03-2006 90222 048 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F38882

1. Entity Name
BAY-WALSH PROPERTIES (FLORIDA), INC.

40081777

Principal Place of Business	Mailing Address
1124 H BEVILLE RD DAYTONA BEACH, FL 32114	1124 H BEVILLE RD DAYTONA BEACH, FL 32114

05012006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
CARLSON LANE 13 Carlson Lane	13 CARLSON LANE 13 Carlson Lane
Suite, Apt #, etc	Suite, Apt. #, etc.
City & State PALM COAST, FL. Palm Coast FL	City & State PALM COAST, FL Palm Coast, FL
Zip 32137 32137 Country	Zip 32137 32137 Country

4. FEI Number 59-2142251 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FILLMORE, W. B.
1124 H. BEVILLE ROAD
DAYTONA BEACH, FL 32114

7. Name and Address of New Registered Agent

Name W.B. FILLMORE
Street Address (P.O. Box Number is Not Acceptable)
13 Carlson Lane
13 CARLSON LANE
City PALM COAST Palm Coast FL Zip Code 32137 32137

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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FILLMORE, BRUCE W 13 CARLSON LANE PALM COAST, FL 32137	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: W B Fillmore 04/30/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #