

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2005 08:00 AM
Secretary of State

DOCUMENT # F94000005435

1. Entity Name
BAYTREE ASSOCIATES, INC.



Principal Place of Business
13925 BALLANTYNE CORPORATE PLACE
SUITE 190
CHARLOTTE, NC 28277 US

Mailing Address
P.O. BOX 30876
CHARLOTTE, NC 28230-0876

DO NOT WRITE IN THIS SPACE



03102005 No Chg-P CR2E034 (10/03)

4. FEI Number
56-1876019

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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

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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	LOVETTE, GREGORY S
STREET ADDRESS	1009 HONORS COURT
CITY-ST-ZIP	WAXHAW, NC 28173
TITLE	PRES
NAME	RODGERS, FRANK S
STREET ADDRESS	1221 MEADOWOOD LANE
CITY-ST-ZIP	CHARLOTTE, NC 28211
TITLE	DAST
NAME	RODGERS, KATHERINE M
STREET ADDRESS	1221 MEADOWOOD LANE
CITY-ST-ZIP	CHARLOTTE, NC
TITLE	SD
NAME	LOVETTE, CHRISTY G
STREET ADDRESS	1009 HONORS COURT
CITY-ST-ZIP	WAXHAW, NC 28173
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(i), 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, 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 #