

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H58421

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Entity Name:** BAY COVE LANE, INC.

**Current Principal Place of Business:**

9028 BAY COVE LANE  
JACKSONVILLE, FL 32257 US

**New Principal Place of Business:**

**Current Mailing Address:**

2220 COUNTY ROAD 210 WEST  
SUITE 108, BOX 306  
ST. JOHNS, FL 32259 US

**New Mailing Address:**

**FEI Number:** 59-2536579      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAPKOVITCH, LISA E  
729 E. AMERICAN EAGLE DRIVE  
SAINT AUGUSTINE, FL 32092 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: DUGUID, WILLIAM G.  
Address: 9028 BAY COVE LANE  
City-St-Zip: JACKSONVILLE, FL 32257

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM DUGUID

PD

04/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date