# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 12, 2006**
**Secretary of State**

DOCUMENT# J52428

**Entity Name:** BAY INVESTMENTS, INC.

**Current Principal Place of Business:**

206 E. FOURTH STREET
PORT ST JOE, FL 32456 US

**New Principal Place of Business:**

116 SAILORS COVE DRIVE
PORT ST JOE, FL 32456 US

**Current Mailing Address:**

P.O. BOX 39
PORT ST JOE, FL 32457 US

**New Mailing Address:**

**FEI Number: 59-2776928** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

GIBSON, THOMAS S.
206 E. FOURTH STREET
PORT ST JOE, FL 32456 US

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

GIBSON, THOMAS S.
116 SAILORS COVE DRIVE
PORT ST JOE, FL 32456 US

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: THOMAS S. GIBSON 01/12/2006
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete
Name: GIBSON, THOMAS S
Address: 206 E. FOURTH ST
City-St-Zip: PORT ST. JOE, FL 32456

Title: D ( ) Delete
Name: THORPE, JOHN
Address: 5588 CAPE SAN BLAS RD.
City-St-Zip: PORT ST. JOE, FL 32456

Title: PD ( ) Delete
Name: RISH, WILLIAM J
Address: POST OFFICE BOX 39
City-St-Zip: PORT ST. JOE, FL 32457

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: STD (X) Change ( ) Addition
Name: GIBSON, THOMAS S
Address: 116 SAILORS COVE DRIVE
City-St-Zip: PORT ST. JOE, FL 32456

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS S. GIBSON STD 01/12/2006
Electronic Signature of Signing Officer or Director Date