


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90035 011 \*\*\*150.00

<b>DOCUMENT # L95235</b>			
1. Entity Name <b>BAYFRONT, INC.</b>			
Principal Place of Business <b>2150 GOODLETTE RD SUITE 700 NAPLES FL 34102</b>		Mailing Address <b>2150 GOODLETTE RD SUITE 700 NAPLES FL 34102</b>	
2. Principal Place of Business - No P.O. Box # <b>436 BAYFRONT PLACE</b>		3. Mailing Address <b>436 BAYFRONT PLACE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>NAPLES, FL</b>		City & State <b>NAPLES, FL</b>	
Zip <b>34102-6454</b>	Country <b>USA</b>	Zip <b>34102-6454</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent  <b>STONEBURNER, KEVIN L. 2150 GOODLETTE ROAD SUITE 700 NAPLES FL 33940</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>436 BAYFRONT PLACE</b> City <b>NAPLES</b> FL Zip Code <b>34102-6454</b>	
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 _____ (NOTE: Registered Agent signature required when constituting)			



1st MOORE CR2E034 (10/06)

4. FEI Number **65-0220729** Applied For  
Not Applicable

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>NAME</b> D STONEBURNER, KEVIN STREET ADDRESS 2150 GOODLETTE RD., #700 CITY ST ZIP NAPLES FL 34102	<input type="checkbox"/> Delete	<b>NAME</b> 436 BAYFRONT PLACE STREET ADDRESS NAPLES, FL 34102-6454	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> D LOFGREN, DARLENE S STREET ADDRESS 1010 GALLEON DRIVE CITY ST ZIP NAPLES FL 34102	<input type="checkbox"/> Delete	<b>NAME</b>  STREET ADDRESS  CITY ST ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>  STREET ADDRESS  CITY ST ZIP 	<input type="checkbox"/> Delete	<b>NAME</b>  STREET ADDRESS  CITY ST ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>  STREET ADDRESS  CITY ST ZIP 	<input type="checkbox"/> Delete	<b>NAME</b>  STREET ADDRESS  CITY ST ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>  STREET ADDRESS  CITY ST ZIP 	<input type="checkbox"/> Delete	<b>NAME</b>  STREET ADDRESS  CITY ST ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>  STREET ADDRESS  CITY ST ZIP 	<input type="checkbox"/> Delete	<b>NAME</b>  STREET ADDRESS  CITY ST ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-06-07 239-649-8700