2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001083

Entity Name: BAY IN ACTION, INC.

FILED Apr 30, 2004 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
1517 FRANKFORD AVENUE PANAMA CITY, FL 32405 US				2819 WOODMERE DR PANAMA CITY, FL 324		
Current Mailing Address:				New Mailing Address:		
1517 FRANKFORD AVENUE PANAMA CITY, FL 32405 US				PO BOX 427 LYNN HAVEN, FL 324	444 US	
FEI Number:	59-3701829	FEI Number Applied For ()	FEI Nur	mber Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:		Name and Address of	of New Registered Agent:	
CORBIN, FRED 1311 TENNESSEE AVE LYNN HAVEN, FL 32444				CORBIN, FRED 2819 WOODMERE DRIVE PANAMA CITY, FL 32405		
	named entity s e of Florida.	ubmits this statement for the pu	urpose o	of changing its registered	d office or registered agent, or both,	
SIGNATURE:					04/30/2004	
	Electron	ic Signature of Registered Ager	nt		Date	
OFFICERS	S AND DIRECT	rors:		ADDITIONS/CHANGE	ES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D (X) KANUCH, STEV 1517 FRANKFO PANAMA CITY,	RD AVENUE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () CORBIN, FRED 1311 TENNESS LYNN HAVEN, F			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () POWERS, ANIT 3900 MILANO R PANAMA CITY,	D		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () KIRKLAND, SHE 1419 MINNESO LYNN HAVEN, F	TA AVE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BD () BARBOUR, MIC 2212 W 24TH S PANAMA CITY,	TREET		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BD () COLE, MATT 1305 WARE DR PANAMA CITY,			Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRED A. CORBIN D 04/30/2004