


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2005 8:00 am
Secretary of State

06-06-2005 90003 045 ****61.25

DOCUMENT # N03000005684		
1. Entity Name BAY HIGH BASEBALL BOOSTERS, INC.		

Principal Place of Business 427 MCKENZIE AVENUE PANAMA CITY, FL 32402	Mailing Address 427 MCKENZIE AVENUE PANAMA CITY, FL 32402
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



05242005 Chg-NP CR2E037 (10/03)

4. FEI Number 20-0945961		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HARMON, III, DANIEL 427 MCKENZIE AVENUE PANAMA CITY, FL 32402		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 _____

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DP	<input checked="" type="checkbox"/> Delete		TITLE	DP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHIELDS, JR., WILLIAM W			NAME	JIM JONES, JR		
STREET ADDRESS	842 HARRISON			STREET ADDRESS	437 W. BALDWIN RD		
CITY-ST-ZIP	PANAMA CITY, FL 32401			CITY-ST-ZIP	PANAMA CITY, FL 32405		
TITLE	DV	<input checked="" type="checkbox"/> Delete		TITLE	DV	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAMPBELL, CHARLES			NAME	DEAN MITCHELL		
STREET ADDRESS	118 QUEENS CIRCLE			STREET ADDRESS	2820 LONGLEAF RD		
CITY-ST-ZIP	PANAMA CITY, FL 32405			CITY-ST-ZIP	PANAMA CITY, FL 32405		
TITLE	DS	<input checked="" type="checkbox"/> Delete		TITLE	DS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLACKWELL, KEN			NAME	REBECCA MITCHELL		
STREET ADDRESS	2612 BRIARCLIFF RD.			STREET ADDRESS	2820 LONGLEAF RD.		
CITY-ST-ZIP	PANAMA CITY, FL 32444			CITY-ST-ZIP	PANAMA CITY, FL 32405		
TITLE	DT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TREXLER, CURTIS			NAME			
STREET ADDRESS	1506 MASSACHUSETTS			STREET ADDRESS			
CITY-ST-ZIP	LYNN HAVEN, FL 32444			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 or trustee empowered to execute this report as required by Chapter 617, 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: W. S. Jones, Jr. Treas. **5/24/05 (850) 527-0753**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #