

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004848

FILED
Mar 26, 2009
Secretary of State

Entity Name: BAY BREEZE WINTERGUARDS INC.

Current Principal Place of Business:

711 GABRIEL ST.
PANAMA CITY, FL 32405

New Principal Place of Business:

711 GABRIEL ST.
PANAMA CITY, FL 32405 US

Current Mailing Address:

711 GABRIEL ST.
PANAMA CITY, FL 32405

New Mailing Address:

711 GABRIEL ST.
PANAMA CITY, FL 32405 US

FEI Number: 55-0811622

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CAMPBELL, WILBUR
711 GABRIEL ST.
PANAMA CITY, FL 32405 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: ED () Delete
Name: CAMPBELL, WILBUR
Address: 711 GABRIEL ST.
City-St-Zip: PANAMA CITY, FL 32405

Title: V () Delete
Name: BURDETT, BENNIE G.
Address: 2605 W. 10 ST.
City-St-Zip: PANAMA CITY, FL 32401

Title: ST () Delete
Name: MONTGOMERY, JONIBETH
Address: 129 N. JAN DR.
City-St-Zip: PANAMA CITY, FL 32404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ED (X) Change () Addition
Name: CAMPBELL, WILBUR
Address: 711 GABRIEL ST.
City-St-Zip: PANAMA CITY, FL 32405 US

Title: V (X) Change () Addition
Name: BURDETT, BENNIE G.
Address: 2605 W. 10 ST.
City-St-Zip: PANAMA CITY, FL 32401 US

Title: ST (X) Change () Addition
Name: MONTGOMERY, JONIBETH
Address: 129 N. JAN DR.
City-St-Zip: PANAMA CITY, FL 32404 US

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

SIGNATURE: WILBUR CAMPBELL

ED

03/26/2009

Electronic Signature of Signing Officer or Director

Date