


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2005 8:00 am**  
**Secretary of State**

04-01-2005 90022 038 \*\*\*\*61.25

<b>DOCUMENT # N43835</b> 1. Entity Name <b>BAY EQUITY INVESTMENTS, INC.</b>					
Principal Place of Business <b>320 E 7TH ST</b> <b>A</b> <b>PANAMA CITY, FL 32401</b>			Mailing Address <b>320 E 7TH ST</b> <b>A</b> <b>PANAMA CITY, FL 32401</b>		
2. Principal Place of Business <b>320 E 7th ST</b> Suite, Apt. #, etc. <b>UNIT B</b> City & State <b>PANAMA CITY, FL</b> Zip <b>32401</b>			3. Mailing Address <b>320 E 7th ST</b> Suite, Apt. #, etc. <b>UNIT B</b> City & State <b>PANAMA CITY, FL</b> Zip <b>32401</b>		
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>59-3119117</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>ADAMS, RONNIE H</b> <b>320 E 7TH ST</b> <b>STE A</b> <b>PANAMA CITY, FL 32401</b>				7. Name and Address of New Registered Agent Name <b>RONNIE H. ADAMS</b> Street Address (P.O. Box Number is Not Acceptable) <b>601 DAVID AV</b> City <b>PANAMA</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 <u><i>Ronnie H Adams</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>1-10-05</u> <small>DATE</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>10. OFFICERS AND DIRECTORS</b> </div> <div style="width: 45%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> </div> </div>					
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLOVER, DAVID		NAME		
STREET ADDRESS	530 NEW YORK AVENUE		STREET ADDRESS		
CITY-ST-ZIP	LYNN HAVEN, FL 32444		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, GEORGE		NAME		
STREET ADDRESS	212-B SUDDUTH PLACE		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 32401		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADAMS, RONNIE H		NAME		
STREET ADDRESS	601 DAVID AVE.		STREET ADDRESS		
CITY-ST-ZIP	SPRINGFIELD, FL 32401		CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MAYO, CLINTON		NAME	<b>IRMA WRIGHT</b>	
STREET ADDRESS	2916 FAIRMONT DR.		STREET ADDRESS	<b>236 SCOOTER</b>	
CITY-ST-ZIP	PANAMA CITY, FL 32405		CITY-ST-ZIP	<b>PANAMA CITY, FL 32407</b>	
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: <u><i>Ronnie H Adams</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>1-10-05</u> <small>DATE</small>	
				Daytime Phone #	

**50033134**



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