

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # N43835

1. Entity Name
BAY EQUITY INVESTMENTS, INC.



Principal Place of Business
**320 E 7TH ST
UNIT B
PANAMA CITY, FL 32401**

Mailing Address
**320 E 7TH ST
UNIT B
PANAMA CITY, FL 32401**



01082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3119117

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ADAMS, RONNIE H
601 DAVID AVE
PANAMA CITY, FL 32404**

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IN THIS SPACE**

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 re-registering)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
GLOVER, DAVID
530 NEW YORK AVENUE
LYNN HAVEN, FL 32444**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SMITH, GEORGE
212-B SUDDUTH PLACE
PANAMA CITY, FL 32401**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
ADAMS, RONNIE H
601 DAVID AVE.
SPRINGFIELD, FL 32401**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
WRIGHT, IRMA
236 SCOOTER
PANAMA CITY, FL 32407**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HOUSTON, DAVINA
6302 PRIDGEN ST
PANAMA CITY, FL 32404**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BRYANT, WILLIW
201 JUDY CIR
LYNN HAVEN, FL 32494**

U00000582833
01/11/07-80049-001 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Ronnie H Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-06 850-769-2967

Date

Daytime Phone #