

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 A**  
**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**

**DO NOT WRITE IN THIS SPACE**



04012008 No Chg-NP CR2E037 (4/06)

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**

**DO NOT WRITE  
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 reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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**

U000000886173  
04/18/08-80044-021 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

3-31-08 763-2967  
Date Daytime Phone #