

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43835

FILED
Jan 10, 2009
Secretary of State

Entity Name: BAY EQUITY INVESTMENTS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3119117

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, RONNIE H
601 DAVID AVE
PANAMA CITY, FL 32404 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: DVP () Delete
Name: GLOVER, DAVID
Address: 530 NEW YORK AVENUE
City-St-Zip: LYNN HAVEN, FL 32444

Title: D () Delete
Name: SMITH, GEORGE
Address: 212-B SUDDUTH PLACE
City-St-Zip: PANAMA CITY, FL 32401

Title: DP () Delete
Name: ADAMS, RONNIE H
Address: 601 DAVID AVE.
City-St-Zip: SPRINGFIELD, FL 32401

Title: DT () Delete
Name: WRIGHT, IRMA
Address: 236 SCOOTER
City-St-Zip: PANAMA CITY, FL 32407

Title: D () Delete
Name: HOUSTON, DAVINA
Address: 6302 PRIDGEN ST
City-St-Zip: PANAMA CITY, FL 32404

Title: D () Delete
Name: BRYANT, WILLIE
Address: 201 JUDY CIR
City-St-Zip: LYNN HAVEN, FL 32494

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: BURDEN, IRMA
Address: 236 SCOOTER
City-St-Zip: PANAMA CITY, FL 32407

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BRYANT, WILLIE
Address: 201 JUDY CIR
City-St-Zip: LYNN HAVEN, FL 32494

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: RONNIE H. ADAMS

DP

01/10/2009

Electronic Signature of Signing Officer or Director

Date