

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 8:00 am
Secretary of State

01-15-2004 90008 032 ***150.00

DOCUMENT # P00000004961					
1. Entity Name BAYWOODS DEVELOPMENT GROUP, INC.					
Principal Place of Business 180 E. MITCHELL AVE. SANTA ROSA BEACH, FL 32459			Mailing Address 180 E. MITCHELL AVE. SANTA ROSA BEACH, FL 32459		
2. Principal Place of Business 221 E. MITCHELL AVE		3. Mailing Address 221 E. MITCHELL AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3624696	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
REYNOLDS, DAVID 180 E. MITCHELL AVE. SANTA ROSA BEACH, FL 32459				Name Street Address (P.O. Box Number is Not Acceptable) 221 E. MITCHELL AVE	
City				Zip Code	
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>David Reynolds</u> DAVID REYNOLDS 1-14-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE S	REYNOLDS, DAVID <input type="checkbox"/> Delete		TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 180 E MITCHELL AVE	SANTA ROSA BEACH, FL 32459		STREET ADDRESS 221 E. MITCHELL AVE		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE P	WENSEL, SCOTT <input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 559 AMELIA LANE	SANTA ROSA BEACH, FL 32459		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE VP	WENSEL, NICHOLAS <input checked="" type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 70 E MITCHELL LANE	SANTA ROSA BEACH, FL 32459		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 607, 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>David Reynolds</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1-14-04</u> Daytime Phone # <u>(850) 231-1118</u>		