

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 A
Secretary of State

DOCUMENT # P00000013684	
1. Entity Name BLUE BAY ENTERPRISES, INC.	
	
Principal Place of Business 513 CAMELIA ST PANAMA CITY, FL 32413	Mailing Address PO BOX 7062 PANAMA CITY, FL 32413



04252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3622467	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**SIMERSON, SHELIA ANN
513 CAMELIA ST
PANAMA CITY, FL 32413**

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSDT
NAME	FRANCIS, RON
STREET ADDRESS	8801 HWY. 388
CITY-ST-ZIP	PANAMA CITY, FL 32413
TITLE	VP
NAME	YOUNG, S.R
STREET ADDRESS	513 CAMELIA ST
CITY-ST-ZIP	PANAMA CITY, FL 32413
TITLE	SD
NAME	FRANCIS, RON
STREET ADDRESS	8801 HWY 388
CITY-ST-ZIP	PANAMA CITY, FL 32413
TITLE	TD
NAME	FRANCIS, RON
STREET ADDRESS	8801 HWY 388
CITY-ST-ZIP	PANAMA CITY, FL 32413
TITLE	D
NAME	YOUNG, SR
STREET ADDRESS	513 CAMELIA ST
CITY-ST-ZIP	PANAMA CITY, FL 32413
TITLE	D
NAME	FRANCIS, RON
STREET ADDRESS	8801 HWY 388
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413

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05/11/07-80017-014 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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: Ron Francis Ron Francis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-07