2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000013684

Entity Name: BLUE BAY ENTERPRISES, INC.

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
513 CAMELIA ST PANAMA CITY, FL 32413				513 CAMELIA ST PANAMA CITY, FL 32407		
Current Mailing Address:				New Mailing Address:		
PO BOX 7 PANAMA (062 CITY, FL 3241:	3				
FEI Number:	: 59-3622467	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Desired ()
Name and	l Address of C	urrent Registered Agent:		Name and	Address o	of New Registered Agent:
SIMERSON, SHELIA ANN 513 CAMELIA ST PANAMA CITY, FL 32413 US The above pared entity submits this statement for the purpose.				SIMERSON, SHELIA ANN 513 CAMELIA ST PANAMA CITY, FL 32407 US of changing its registered office or registered agent, or both,		
in the State	e of Florida.	submits this statement for the	purpose o	ir changing i	is registere	d office of registered agent, of both,
SIGNATURE:				04/27/2009		
	Electron	ic Signature of Registered Ag	ent			Date
Election Car	mpaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PSDT () FRANCIS, RON 8801 HWY. 388 PANAMA CITY,	,		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	VP () YOUNG, S.R 513 CAMELIA S PANAMA CITY,			Title: Name: Address: City-St-Zip:	VP YOUNG, S.F 513 CAMEL PANAMA CI	
Title: Name: Address: City-St-Zip:	SD () FRANCIS, RON 8801 HWY 388 PANAMA CITY,			Title: Name: Address: City-St-Zip:	SD YOUNG, DE 513 CAMEL PANAMA CI	
Title: Name: Address: City-St-Zip:	TD () FRANCIS, RON 8801 HWY 388 PANAMA CITY,			Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	D () YOUNG, SR 513 CAMELIA S PANAMA CITY,			Title: Name: Address: City-St-Zip:	D YOUNG, SR 513 CAMEL PANAMA CI	
Title: Name: Address: City-St-Zip:	FRANCIS, RON 8801 HWY 388	Delete BEACH, FL 32413		Title: Name: Address: City-St-Zip:		() Change () Addition

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SR YOUNG VP 04/27/2009