2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000082766

1. Entity Name
BAYMONT PROPERTIES, INC.

Principal Place of Business	Mailing Address
259 BAYWINDS DR DESTIN, FL 32541	259 BAYWINDS DR DESTIN, FL 32541

DO NOT WRITE IN THIS SPACE

01282004   No Chg-P   CR2E034 (10/03)

4. FEI Number 59-3738553	Applied For Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COFFIELD, P. COLLEEN ESQUIRE
1719 S COUNTY HWY 393
SANTA ROSA BCH, FL 32459

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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_ *Colleen Coffield, Esq.* _____ _1/28/04_

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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	KNOWLES, CAULIE T III
STREET ADDRESS	259 BAYWINDS DR
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	D
NAME	SHERMAN, RICHARD
STREET ADDRESS	104 COLONY HARBOUR RD
CITY-ST-ZIP	PANAMA CITY BCH, FL 32407
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/02/04-80018-015 150.00

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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: _____   _1/28/04_   _850-230-9582_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

Richard M. Sherman