

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000082766

FILED  
Apr 06, 2006  
Secretary of State

Entity Name: BAYMONT PROPERTIES, INC.

**Current Principal Place of Business:**

259 BAYWINDS DR  
DESTIN, FL 32541

**New Principal Place of Business:**

**Current Mailing Address:**

259 BAYWINDS DR  
DESTIN, FL 32541

**New Mailing Address:**

FEI Number: 59-3738553

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WARD, LORI ELLEN  
4475 LEGENDARY DRIVE  
DESTIN, FL 32541 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: KNOWLES, CAULIE T III  
Address: 259 BAYWINDS DR  
City-St-Zip: DESTIN, FL 32541

Title: D ( ) Delete  
Name: SHERMAN, RICHARD  
Address: 104 COLONY HARBOUR RD  
City-St-Zip: PANAMA CITY BCH, FL 32407

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CAULIE T KNOWLES III

D

04/06/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date