

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90008 031 ***550.00

DOCUMENT # P01000115876

1. Entity Name

BAY DOORS AND MORE, INC.



Principal Place of Business

1833 EAST AVE
PANAMA CITY FL 32405

Mailing Address

1833 EAST AVE
PANAMA CITY FL 32405

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number 26-0033910

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TURNER, JOEY E
9012 AUGER AVE.
PORT ST. JOE FL 32456

7. Name and Address of New Registered Agent

Name James E. Smith
Street Address (P.O. Box Number is Not Acceptable)
1833 East Ave.
City Panama City FL Zip Code 32405

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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SHERWOOD, GRANT	
STREET ADDRESS	4129 GRADY STREET	
CITY-ST-ZIP	BRANNONVILLE FL 32404	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, JAMES P	
STREET ADDRESS	1836 EAST AVE	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHAI, BRANDON	
STREET ADDRESS	1309 S BERTHE	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WATSON, KELLY	
STREET ADDRESS	3872 COUNTY ROAD 643	
CITY-ST-ZIP	CHANCELLOR AL 36316	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HONTO, COLLEEN	
STREET ADDRESS	9904 FOX CHASE RE	
CITY-ST-ZIP	PANAMA CITY FL 32409	
TITLE	T	<input type="checkbox"/> Delete
NAME	MOORE, JIMMY	
STREET ADDRESS	904 GREENTREE RD	
CITY-ST-ZIP	PANAMA CITY FL 32401	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carlton A Dunning	
STREET ADDRESS	1303 7th St	
CITY-ST-ZIP	Southport, FL 32409	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carlton J Dunning	
STREET ADDRESS	1303 7th St	
CITY-ST-ZIP	Southport, FL 32409	
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James E Smith	
STREET ADDRESS	901 W 19th St - Apt. 2108	
CITY-ST-ZIP	Panama City, FL 32405	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #