2007 FOR PROFIT ORPORATION ANNUAL RESTRET (AR)

## FILED Mar 01, 2007 08:00 A DOCUMENT # P020001,1540 **Secretary of State** BAY LOOP LAND COMPANY, INC. Principal Place of Business Mailing Address 701 ANCHORS STREET 701 ANCHORS STREET FORT WALTON BEACH FL 32548 FORT WALTON BEACH FL 32548 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt # etc. Suite Apl. # etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Numbor Applied For 56-2299819 Not Applicable Żip Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMITH, GEORGE R Street Address (P.O. Box Number is Not Acceptable) 701 ANCHORS STREET FORT WALTON BEACH FL 32548 City Zip Code 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed heme of registered agent and title c applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. HHE Change ■ Addition ☐ Delete TOLL SMITH, GEORGE R NAME NAMÍ 701 ANCHORS STREET STREET ADORESS STRUET ADDRESS FORT WALTON BEACH FL 32548 City-SI-ZIP CHY-ST-ZIP SEC ☐ Delete ☐ Change Addition 1000 TITLE SMITH, JAMES R NAMI NAME 701 ANCHORS STREET STREET ADDRESS STREET ADDRESS FORT WALTON BEACH FL 32548 CITY-ST-71P CITY-S1-ZIP U00000652152 03/12/07-80007-004□g@g00 □ Addition Delete 1000 HHE SMITH, ROBERT V NAME NAME 701 ANCHORS STREET STREET ADORESS STREET ADDRESS FORT WALTON BEACH FL 32548 CITY-ST-ZIP CITY - ST - ZIP Delete ☐ Change ■ Addition TITLE IIII NAME NAME STIRET LADDRESS SIDEFT ADDDESS CITY-ST-ZIP CHY-ST-ZIP Delete Change ☐ Addition STREET ADORESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP Dclele Change Addition NAMC STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes, i further certify that the information indicated on this report or supplemental peport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an efficiency of the corporation or the receiver or true be 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 DIRECTO

ZGER. SMITH 1/2

950-244-333