## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Apr 28, 2004 8:00 am Secretary of State 04-28-2004 90167 014 \*\*\*150.00 DOCUMENT # P03000004721 BAY PLANNING & DESIGN, INC. 94068887 Principal Place of Business Mailing Address 1528 EAST ELM ROAD 1528 EAST ELM ROAD LAKELAND, FL 33801 LAKELAND, FL 33801 2. Principal Place of Business 3. Mailing Address 2250 E Devon Suite, Apt. #, etc. Suite, Apt. #, etc. 04222004 CR2E034 (10/03) Chg-P 215-5 Applied For City & State City & State 4. FEI Number 13-4232900 Not Applicable Country 7ip Country \$8.75 Additional 5. Certificate of Status Desired 60018 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 City Zip Code FL 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 r SIGNATURE. Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition KNIGHT, BRENT NAME NAME 1528 EAST ELM ROAD STREET ADDRESS STREET ADDRESS LAKELAND, FL 33801 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME -32. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Delete TITL€ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #