



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90078 014 ***150.00

DOCUMENT # P03000112111					
1. Entity Name JEREMY BAYNE INC.					
Principal Place of Business 648 DOLPHIN ROAD VENICE, FL 34292 US			Mailing Address 648 DOLPHIN ROAD VENICE, FL 34292 US		
2. Principal Place of Business 3063 Datura Rd. Suite, Apt. #, etc.		3. Mailing Address 3063 Datura Rd. Suite, Apt. #, etc.		50035087 	
City & State Venice FL		City & State Venice FL		4. FEI Number 20-0293745	
Zip 34293		Zip 34293		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAYNE, JEREMY 648 DOLPHIN ROAD VENICE, FL 34292			7. Name and Address of New Registered Agent Name <u>Jeremy Bayne</u> Street Address (P.O. Box Number is Not Acceptable) <u>3063 Datura Rd.</u> City <u>Venice</u> FL Zip Code <u>34293</u>		
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 <u>Jeremy Bayne</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>4/02/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P BAYNE, JEREMY 648 DOLPHIN ROAD VENICE, FL 34292	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3063 Datura Rd.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Jeremy Bayne</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>4/02/05</u>		DAYTIME PHONE # <u>(941) 809-2945</u>