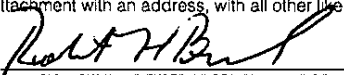


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90110 041 ***150.00

DOCUMENT # P03000136307					
1. Entity Name RICHARD N. BAYNARD, INC.					
Principal Place of Business 171 - CATALAN BOULEVARD, NE ST. PETERSBURG, FL 33704			Mailing Address 171 - CATALAN BOULEVARD, NE ST. PETERSBURG, FL 33704		
2. Principal Place of Business 721 43RD AVENUE NORTH Suite, Apt. #, etc.		3. Mailing Address 721 43RD AVENUE NORTH Suite, Apt. #, etc.			
City & State ST. PETERSBURG, FL 33703		City & State ST. PETERSBURG, FL 33703		4. FEI Number 59-2135069	
Zip Country		Zip Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SNIDEN, WATSON R 360 CENTRAL AVENUE SUITE 1270 ST. PETERSBURG, FL 33701			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P BAYNARD, RICHARD N 171 - CATALAN BOULEVARD, NE ST. PETERSBURG, FL 33704 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAYNARD, ROBERT H 721 43RD AVENUE NORTH ST. PETERSBURG, FL 33703 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAYNARD, ROBERT H 171 - CATALAN BOULEVARD, NE ST. PETERSBURG, FL 33704 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAYNARD, ROBERT H 721 43RD AVENUE NORTH ST. PETERSBURG, FL 33703 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			Robert H. Baynard		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 3-13-06 Daytime Phone #: 727-647-7158		

50002734



03092006 Chg-P CR2E034 (11/05)