2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State
03-15-2006 90110 041 ***150.00

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1. Entity Name
RICHARD N. BAYNARD, INC.

50002734

Principal Place of Business	Mailing Address
171 - CATALAN BOULEVARD, NE ST. PETERSBURG, FL 33704	171 - CATALAN BOULEVARD, NE ST. PETERSBURG, FL 33704

03092006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
721 43RD AVENUE NORTH	721 43RD AVENUE NORTH
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST. PETERSBURG, FL 33703	City & State: ST. PETERSBURG, FL 33703
Zip / Country	Zip / Country

4. FEI Number: 59-2135069 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SNIDEN, WATSON R 360 CENTRAL AVENUE SUITE 1270 ST. PETERSBURG, FL 33701	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 ______________________________
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, 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		☐ 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
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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 Robert H. Baynard 3-13-06 727-647-7658
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #