


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000154925 1. Entity Name BYB TENNESSEE STREET, INC.	
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Principal Place of Business 1410 W TENNESSEE ST TALLAHASSEE, FL 32304	Mailing Address 105 WEST SECOND STREET STE F TIFTON, GA 31794
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DO NOT WRITE IN THIS SPACE



04132006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1932077	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COOPER, CHARLES L JR 3520 THOMASVILLE ROAD STE 900 TALLAHASSEE, FL 32309

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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. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000537533 05/09/06-80021-016 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELFOWER, KEVIN 105 WEST SECOND STREET STE F TIFTON, GA 31794
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAWFORD, SCOTT 105 WEST SECOND STREET STE F TIFTON, GA 31794
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORSEY, KEITH 105 WEST SECOND STREET STE F TIFTON, GA 31794
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **04/15/06 (229) 387-8420**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #