


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

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

DOCUMENT # P04000154941 1. Entity Name BYB APALACHEE PARKWAY, INC.	
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Principal Place of Business 2014 APALACHEE PARKWAY TALLAHASSEE, FL 32301	Mailing Address 105 WEST SECOND STREET STE F TIFTON, GA 31794
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04132006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1932085	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  COOPER, CHARLES L JR 3520 THOMASVILLE ROAD STE 900 TALLAHASSEE, FL 32309
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	1070000537534 05/09/06-80021-017 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELFLOWER, 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	

**DO NOT WRITE  
IN THIS SPACE**

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:  04/13/06 (229)387-8420  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #