2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000012620

1. Entity Name

BAYTOWNE COMMERCIAL HOLDINGS, INC.



Principal Place of Business

Mailing Address

185 GRAND BLVD STE 100 SANDESHIN, FL 32550 US 185 GRAND BLVD STE 100 SANDESHIN, FL 32550 US FILED Apr 21, 2008 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

02072008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3277911

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOWARD, KEITH 185 GRAND BLVD SANDESTIN, FL 32550

SIGNATURE:

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 | | | | | | |
| 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, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. | | \$5.00 May Be Added to Fees | 05/06/08-80053-006 | 150.00 |
| 10. | OFFICERS AND DIREC | CTORS | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | D HOWARD, JAMES KEITH 185 GRAND BLVD SANDESTIN, FL 32550 | | | | | |
| TITLE NAME STREET ADDRESS CHY-ST-ZIP | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN ⁻ | THIS SPACE | |
| HILE NAME . STREET ADDRESS CITY-ST-ZIP | - | 2, | | | r | |
| NAME STREET ADDRESS CITY-ST-ZIP | - · · | ·· | <u>-</u> | e "" | | |
| 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 of trustee empowered to execute this peop 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. | | | | | | |