2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# P95000037619

Entity Name: BAY HARBOR INN & PROPERTIES, INC.

Current Principal Place of Business:

21521 MADERA RD
FT MYERS BEACH, FL 33931

New Principal Place of Business:

Current Mailing Address:

21521 MADERA RD
FT MYERS BEACH, FL 33931

New Mailing Address:

FEI Number: 65-0586721 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ECHOLS, LARRY A
6100 ESTERO BLVD
FT MYERS BEACH, FL 33931 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SMITH, ROXANNA L
Address: 21521 MADERA RD
City-St-Zip: FT MYERS BEACH, FL 33931

Title: D ( ) Delete
Name: SMITH, VIRGINIA
Address: 21521 MADERA RD
City-St-Zip: FT MYERS BEACH, FL 33931

Title: D ( ) Delete
Name: WALROD, TERESA
Address: 1201 MEADOWBROOK AVE.
City-St-Zip: ANN ARBOR, MI 48103

Title: D ( ) Delete
Name: SMITH, STEVEN G
Address: 15561 SHAMROCK RD
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROXANNA L. SMITH PRES 04/27/2005
Electronic Signature of Signing Officer or Director Date