


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P95000037619 1. Entity Name BAY HARBOR INN & PROPERTIES, INC. |  |
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| Principal Place of Business 21521 MADERA RD FT MYERS BEACH, FL 33931 | Mailing Address 21521 MADERA RD FT MYERS BEACH, FL 33931 |
|--|--|

DO NOT WRITE IN THIS SPACE



04092008 No Chg-P CR2E034 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 65-0586721 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

8. Name and Address of Current Registered Agent

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

**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 _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SMITH, ROXANNA L 21521 MADERA RD FT MYERS BEACH, FL 33931 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SMITH, VIRGINIA 21521 MADERA RD FT MYERS BEACH, FL 33931 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WALROD, TERESA 1201 MEADOWBROOK AVE. ANN ARBOR, MI 48103 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SMITH, STEVEN G 15561 SHAMROCK RD FORT MYERS, FL 33912 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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04/24/08-80059-020 150.00

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: Roxanna L Smith **ROXANNA L SMITH** 4-9-08 239 463 2191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #