

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000062853

Entity Name: 401/411 BAYLEN, INC.

FILED
Apr 17, 2007
Secretary of State

Current Principal Place of Business:

17 W CEDAR ST STE 3
PENSACOLA, FL 32502

New Principal Place of Business:

Current Mailing Address:

PO BOX 12725
PENSACOLA, FL 32591 US

New Mailing Address:

FEI Number: 59-3334696

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARR, JOHN S
17 W CEDAR ST STE 3
PENSACOLA, FL 32502 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: DST () Delete
Name: CARR, JOHN S
Address: 17 W CEDAR ST STE 3
City-St-Zip: PENSACOLA, FL 32502

Title: D () Delete
Name: RUSSENBERGER, RAY D
Address: 1901 CYPRESS STREET
City-St-Zip: PENSACOLA, FL 32501

Title: DVP () Delete
Name: MORETTE, RICHARD P
Address: 1201 N. TARRAGONA ST
City-St-Zip: PENSACOLA, FL 32501

Title: D () Delete
Name: NICKELSEN, ERIC J
Address: 17 WEST CEDAR STREET, SUITE 3
City-St-Zip: PENSACOLA, FL 32502

Title: D () Delete
Name: CHADBOURNE, EDWARD M JR
Address: 17 W CEDAR ST SUITE 3
City-St-Zip: PENSACOLA, FL 32502

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: CARR, JOHN S
Address: 17 W CEDAR ST STE 3
City-St-Zip: PENSACOLA, FL 32502

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 Chapter 119, 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: JOHN S. CARR

PRES

04/17/2007

Electronic Signature of Signing Officer or Director

Date