2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2008 08:00 A Secretary of State

ANNUAL REPORT					Carrata C C4		
DOCUMENT # P9600001854 1. Entity Name BAYTOWNE OFFICE SITES, INC.				Secretary of S			
	BLVD STE 100	Mailing Address 185 GRAND BLVD STE 100 DESTIN, FL 32550	· · · · · · · · · · · · · · · · · · ·		11 0 10710 07111 00111 00172 001	N TERN KRIKI MRKI MERI KINI KIKARI U MAN	
С	OO NOT WRITE	CE	02082008 4. FEI Numb 59-330	No Chg-P	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HOWARD, KEITH J 185 GRAND BLVD SANDESTIN, FL 32550 8. The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent.				IN	NOT W THIS SP	ACE	
SIGNATURE	Signature, typed or printed name of registered agent and is		d Agent signalure requi			DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		5.00 May Be dded to Fees	İ		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIR D HOWARD, JAMES KEITH 185 GRAND BLVD SANDESTIN, DL 32250	ECTORS					
NAME STREET ADDRESS CITY-ST-ZIP					U0000i 05/06/08	0909015 -80053-012 150.00	
NAME STREET ADDRESS CITY-ST-ZIP				_	NOT W		
IITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SF	ACE	
NAME STREET ADDRESS CITY-ST-ZIP				, imit			

12. Thereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

wd.

<u>3 (850)837-1880</u>