

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90290 001 \*\*\*211.25

**66013218**



03142007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P96000002858</b>					
1. Entity Name BAY POINT PROPERTY OWNERS SERVICES CO., INC.					
Principal Place of Business 3900 MARIOTT DR STE K PANAMA CITY, FL 32408			Mailing Address PO BOX 27089 BAY POINT, FL 32411-7089 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2997526	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  ROLLS, CHARLES 1417 TROUT DRIVE PANAMA CITY, FL 32411-7968			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D ROLLS, CHARLES 1417 TROUT DRIVE PANAMA CITY, FL 324117968	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Jim Hodges JR 182 Martin Circle Bay Point FL 32411-7957	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VELEZ, JOSE 447 WAHOO RD PANAMA CITY, FL 324118293	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAR. Demarest 1032 Barracuda Bay Point FL 32411-8144	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BURNHAM, JEFF 3101 W HWY 98 PANAMA CITY, FL 32401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Suzanne Selph 1041 Marina Club Village Bay Point FL 32411-7684	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRUETT, TILL A 3416 DRAGON'S RIDGE RD PANAMA CITY, FL 324117162	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Daphne Clark 229 Martin Circle Bay Point FL 32411-7506	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPENCER, DAVID 3516 DRAGON RIDGE RD PANAMA CITY, FL 324118144	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Mike Tandy 823 Dolphin Bay Point FL 32411-7814	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBBER, HENRY 330 WAHOO RD PANAMA CITY, FL 324117545	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Till A. Bruett</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 4-25-07 Daytime Phone #: (850) 234-2227		