2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 24, 2006 8:00 am **Secretary of State** DOCUMENT # P96000014250 Entity Name 03-24-2006 90029 016 ***150.00 BAYFRONT LODGING, INC. Principal Place of Business Mailing Address 200 EAST GOVERNMENT STREET 200 EAST GOVERNMENT STREET SUITE 240-D SUITE 240-D PENSACOLA FL 32501 PENSACOLA FL 32501 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State 4. FEI Number City & State Applied For 59-3365098 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPENCER, BRIAN K Street Address (P.O. Box Number is Not Acceptable) 200 E. GOVERNMENT STREET SUITE 240-D PENSACOLA FL 32501 City 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 Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Defete TETLE BRIAN K SPENCER NAME NAME STREET ADDRESS 200 EAST GOVERNMENT STREET STREET ADDRESS CITY-ST-ZIP PENSACOLA FL CITY-ST-ZIP TITLE ☐ Delete TITLE NAME CRYSTAL C SPENCER NAME Sto 240-13 STREET ADDRESS 200 EAST GOVERNMENT STREET STREET ADDRESS CITY-ST-ZIP PENSACOLA FL CITY-ST-ZIP TITLE . D. Dalate TITLE -Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 of the process in Brock 10 or Block 11 or Block 11 or Block 11 or Block 11 or Block 11

with all other like emoowered.

ITED NAME OF SIGNING OFFICER OR DIRECTOR

of the corporation or if changed, or on an

SIGNATURE

FILED