

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000051299**

1. **Entity Name**  
LLOYD ENTERPRISES OF BAY COUNTY, INCORPORATED



**Principal Place of Business**  
2338 MARY ANN DR.  
SOUTHPORT FL 32409

**Mailing Address**  
2338 MARY ANN DR.  
SOUTHPORT FL 32409

2. **Principal Place of Business**  
Apt. #, etc.

3. **Mailing Address**  
Suite, Apt. #, etc.

**State**  
Country Zip Country

**City & State**

6. **Name and Address of Current Registered Agent**  
LLOYD, MICHAEL J  
2338 MARY ANN DR.  
SOUTHPORT FL 32409

4. **FEI Number** 59-3379800 ☐ **Applied For Not Applicable**

5. **Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

7. **Name and Address of New Registered Agent**  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. 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 if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2006 Fee Will Be \$550.00  
Check Payable to Florida Department of State

9. **Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Add	
P				TITLE			
LLOYD, MICHAEL J				NAME			
2338 MARY ANN DR.				STREET ADDRESS			
SOUTHPORT FL 32409				CITY-ST-ZIP			
	<input type="checkbox"/> Delete			TITLE			
				NAME			
				STREET ADDRESS			
				CITY-ST-ZIP			
	<input type="checkbox"/> Delete			TITLE			
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	<input type="checkbox"/> Delete			TITLE			
				NAME			
				STREET ADDRESS			
				CITY-ST-ZIP			

I hereby 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 or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11, as changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** **7-21-06 850 596 0134**