2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000040499

1. Entity Name
BAY COASTAL REALTY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1554	P.O. BOX 1554
PANAMA CITY, FL 32402	PANAMA CITY, FL 32402

DO NOT WRITE IN THIS SPACE

06012005   No Chg-P   CR2E034 (10/03)

4. FEI Number	—	Applied For
59-3451110		Not Applicable

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

6. Name and Address of Current Registered Agent

STERRETT, ROBERT D
1706 NEW HAMPSHIRE AVE.
LYNN HAVEN, FL 32444

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

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	STERRETT, ROBERT D
STREET ADDRESS	1706 NEW HAMPSHIRE AVE
CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/08/05-80004-007 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(I), 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 _____ ROBERT D. STERRETT   5/31/05   850-873-9940

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #