## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED TOME OF SIGNING OFFICER OR DIRECTOR

## Apr 29, 2005 8:00 am Secretary of State DOCUMENT # P98000005570 1. Entity Name 04-29-2005 90206 027 \*\*\*150.00 BAYWAY LOFTS DEVELOPMENT, INC. Principal Place of Business Mailing Address 3093 46TH AVENUE NORTH 3093 46TH AVENUE NORTH ST PETERSBURG, FL 33714 US ST PETERSBURG, FL 33714 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122005 Chg-P CR2E034 (10/03) 4. FEI Number Applied For 9741 International Court N. 9741 International Court N. 59-3492259 Not Applicable St. Petersburg, FL 33716 St. Petersburg, FL 33716 \$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 PRIDGEN, GRADY C Street Address (P.O. Box Number is Not Acceptable) 3093 46TH AVE N. SAINT PETERSBURG, FL 33714 9741 International Court N. St. Petersburg, FL 33716 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 if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. DP TITLE ☐ Delete TITLE 1 Change ☐ Addition 9741 International Court N. PRIDGEN, GRADY C III NAME NAME STREET ADDRESS 3093 46TH AVENUE NORTH STREET ADDRESS St. Petersburg, FL 33716 CITY-ST-7IP ST PETERSBURG, FL 33714 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information occurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied indicated on this report or supplemental rep of the corporation or the receiver or trustee changed, or on an attachment with an ad-

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Daytime Phone #