

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90060 039 ***158.75

DOCUMENT # P98000047477

1. Entity Name
BAYTREE REALTY, INC.



Principal Place of Business
**400 HIGH POINT DR., #500
COCOA, FL 32926**

Mailing Address
**400 HIGH POINT DR., #500
COCOA, FL 32926**

DO NOT WRITE IN THIS SPACE



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3522019

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VANI, THOMAS A
2725 BARROW DR
MERRITT ISLAND, FL 32952**

**DO NOT WRITE
IN THIS SPACE**

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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
VANI, THOMAS A
2725 BARROW DR
MERRITT ISLAND, FL 32952**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
MARTIN, CAROLE
663 PALM DRIVE
SATELLITE BEACH, FL 32937**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
TIMMINS, SUSAN C
4365 COMFORT STREET
COCOA, FL 32927**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/04

Date

321-636-0200

Daytime Phone #