2008 FOR PROFIT CORPORATION

FILED Apr 21, 2008 08:00 A Secretary of State

ANNUAL REPURT					Secretary of S				
DOCUMENT # P98000106551							SC	ictary or S	
1. Entity Name BAYTOWNE RETAIL SITES, INC.									
	·								
Principal Plac	ce of Business	Mailing Address							
185 GRAND Sandestin,		185 GRAND BLVD Sandestin, FL 32550							
						(8 1810) 1870 8810 1	III IIII III OI		
DO NOT WRITE IN THIS SPA					02082008	No Chg-	P CR	2E034 (11/05)	
DO NOT WHITE IN THIS STA			~		4. FEI Numb			Applied For Not Applicable	
					5. Certificate	e of Status Des	red 🔲	\$8.75 Additional Fee Required	
	6. Name and Address of Current Re	gistered Agent						1 co maquios	
KEITH, HOWARD J 185 GRAND BLVD SANDESTIN, FL 32550					DO	NOT	WRIT	r =	
					IN	THIS	SPAC	,E	
	named entity submits this statement for the	e purpose of changing its register	ed office or r	egister	ed agent, or bo	oth, in the State	of Florida. I	am familiar with, and accept	
trie obligal	tions of registered agent.								
SIGNATURE Signature, typed or printed name of registered agent and bille il applicable (NOTE, Registered				e required	when reinstating)		DA	E	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.					00 May Be ed to Fees				
10. OFFICERS AND DIRECTORS							·		
TITLE	D KEITH								
NAME STREET ADDRESS	HOWARD, KEITH 185 GRAND BLVD		1						
CITY-ST-ZIP	SANDESTIN, FL 32550		ł			Hö	nanagag	ntn	
TITLE NAME						05/06	/08-800	010 53-010 150.00	
STREET ADDRESS									
CITY - ST-ZIP			-						
NAME			i						
STREET ADDRESS CITY - ST - ZIP					DO	NOT	WRIT	ΓE	
TITLE						THIS			
NAME CIRCLI ADDRESS					11.4		SFAC	'	
STREET ADDRESS CITY-ST-ZIP									
TITLE			1						
NAME STREET ADDRESS	• •								

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied nental 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:

CITY-S1-ZIP

TITLE : 4

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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(850)837-1884