

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000050469

FILED  
May 22, 2007  
Secretary of State

Entity Name: BAY ENVIRONMENTAL LABORATORY, INC.

## Current Principal Place of Business:

1616 WILDRIDGE RD  
LYNN HAVEN, FL 32444

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 1001  
PANAMA CITY, FL 32402

## New Mailing Address:

FEI Number: 59-3594634

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WOLFE, LARRY S  
200-A JOHN KNOX ROAD  
TALLAHASSEE, FL 32303 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WILLIAMS, DEBRA R  
Address: 1616 WILDRIDGE RD  
City-St-Zip: LYNN HAVEN, FL 32444

Title: VD ( ) Delete  
Name: WILLIAMS, M. DAXON  
Address: 1616 WILDRIDGE RD  
City-St-Zip: LYNN HAVEN, FL 32444

Title: ST ( ) Delete  
Name: WILLIAMS, MALLORY H  
Address: 1616 WILDRIDGE RD  
City-St-Zip: LYNN HAVEN, FL 32444

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA S WILLIAMS

PD

05/22/2007

Electronic Signature of Signing Officer or Director

Date