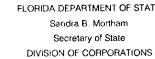
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT





DOCUMENT #	S41137	(8)
1. Corporation Name		•

BAYTREE DEVELOPMENT CORP.

8010 N. WICKHAM RD.

Principal Place of Business

Mailing Address

8010 N. WICKHAM RD.



MELBOURNE	FL 32940	MELBOURNE FL 329	40			•			
U\$		US				corporated or Qualified /27/1991	3 a. Da	04/25/19	
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Nu			↓	pplied For
21 800 6	KINGSWOOD WAY	26 8005 KIN	SCSU	DOOD WA	7	9-3059270			lot Applicable
Suite, Apt. #,		Suite, Apt. #, etc.	•	-		ate of Status Desired			Additional Required
City & State		City & State		_	6. Election	n Campaign Financing	En.	\$5.00	May Be
	BOURNE FL	28 MELBOUR	NE_	FL		und Contribution	[]	 _	to Fees
Zip	Country	Zip	Col	untry		prporation has liability for		tax under s	199.032,
24 829		29 32940	30	<u>US A</u>			es No		
	9. Name and Address of Current	Registered Agent		1241	10. Name	and Address of Nev	Registere	J Agent	
				81 Name					
	COY A.			82 Street Ac	ldress (P.O. Box	Number is Not Accept	table)		
8010 N. WICKHAM RD. MELBOURNE FL 32940			83						
MELDO	UNITE PE 32940			B4 City		<u> </u>		. 85 Zip	Code
				1 7			F	L,	
or registere familiar with SIGNATURE	o the provisions of Sections 607.0502 and agent, or both, in the State of Floridan, and accept the obligations of Section	a. Such change was authoriz n 607.0505, Florida Statutes	ed by the S.	corporation s to	pard of directors	I hereby accept the a	ppointment :	as registered	agent. I am
	Signature, typod or ported name of registered agent ar			d Agent signature req		ONS/CHANGES TO C		ND DIBECTO	BS IN 12
12.	OFFICERS AND	DIRECTORS	13.	TITLE	AUUII	ONS/CHANGES TO C	I I IOLIIO N	Change	Addition
TIT∟€	PST COV	[] breen		NAME					
NAME	CLARK, COY			STREET ADDRESS	8005	KINGS W	$\mathcal{L}ooc$	YAW	ļ
STREET ADDRESS	8010 N. WICKHAM ROAD				M ST R	OU BATE	EL	3294	Ð
CITY-ST-ZIP	MELBOURNE FL D	☐ DELETE		CITY-ST-ZIP TITLE	1-1 603	OURI G	·	Change	[] Addition
TITLE	CLARK, COY	□ better		NAME					_
NAME	8010 N. WICKHAM ROAD		1	STREET ADDRESS	8005	KINGSU	ಎಂಎ	MAY	
STREET ADDRESS	MELBOURNE FL			CITY-ST-ZIP	MEDA	OURNE	FL.	3294	D
CITY-ST-ZIP TITLE	MELBOORINE PL	☐ DELETE		TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			☐ Change	Addition
				NAME				_	
NAME				STREET ADDRESS					
STREET ADDRESS				CITY-ST-ZIP					
CITY+ST-ZIP TITLE		T] DELETE		TITLE				Change	☐ Addition
NAME		_		NAME					
			1	STREET ADDRESS					
STHEET ADDRESS				CITY-ST-ZIP					
CHTY-ST-ZIP THILE		[7] DELETE		TITLE				Change	Addition
		<u> </u>		NAME					
NAME				STREET ADDRESS					
STREET ADDRESS				CITY-ST-ZIP					
C(TY - ST - Z(P		☐ DELETE		TITLE				Change	☐ Addition
TITLE		FT DECEME		NAME				-	
NAME				STREET ADDRESS					
STREET ADDRESS				CITY-ST-ZIP					
CITY - ST - ZIP	v certify that the information supplied w	ith this filma is voluntarily fur	nished an	d does not quali	fy for the exemp	tion stated in Section	19.07(3)(k),	Florida Statul	tes. I further

I do hereby certify that the information supplied with this tiling is voluntarily turnished and goes not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. Further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.