2006 FOR PROFIT CORPORATION

May 02, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # S81130** 05-02-2006 90222 036 ***150.00 1. Entity Name BAYSIDE REALTY OF PENSACOLA, INC. Principal Place of Business Mailing Address 2800 DELANO ST. P.O. BOX 940 PENSACOLA, FL 32505 **GULF BREEZE, FL 32562-0940 US** Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. CR2E034 (11/05) 03292006 Chg-P Applied For City & State 4. FEI Number 59-3095484 Not Applicable Country Zip \$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 BRANNEN, DAVID A 2800 DELANO ST. PENSACOLA, FL 32505 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** 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition Delete TITLE Change TITLE NAME BRANNEN, DAVID NAME STREET ADDRESS 2800 DELANO ST. STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32505 CITY-ST-ZIP ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Detete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE

12. I hereby 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 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 amaddress, with all other like empowered.

CITY-ST-ZIP

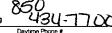
NAME STREET ADDRESS

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



FILED