## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Mar 04, 2005 8:00 am Secretary of State

DOCUMENT # V29406  1. Entity Name BIMINI BAY PROPERTIES, INC.						03-04-2005 90094 011 ***150.00				
Principal Plac	e of Business	Mailing Address	ailing Address					<b></b> .		
TIMBERVILLAGES-107PES NW397THAVE&51STSTREET		3601 SWZNDAVE STER						50022	590	
GNNESVILLE, FL. 32606		GANESVILLE, FL 32607 US								
O. Pain aim al D	took of Business	3. Mailing Address								
Principal Place of Business		5. Walling Address				i 1881) 811819 1	ieft ieel eigh eeme ein	i Dirii rida dirii ridii diali d		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				03022005	Chg-P	CR2E034 (10/03	)	
City & State		City & State				4. FEI Number 59-3119		<del></del>	Applied For	
Zip Country		Zip Country					\$8.75 A			
ļ				•		Certificate of Status Desired Fee Required     Name and Address of New Registered Agent				
	6. Name and Address of Current	Hegistered Agent		Name		/. Name and /	daress of New H	egisterec Agent		
RICHARDSON, REGINA W 3601 SW 2ND AVENUE				Street Ad	treet Address (P.O. Box Number is Not Acceptable)					
STE R GAINESVILLE, FL 32607				<u> </u>						
GAMEGAILLE, FE 32007				City				FL Zip Co	de	
				<u> </u>						
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 app8cable. (NOTE: Registered Agent signature required when reinstating)  DATE										
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees										
10.	OFFICERS AND		11.			ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTO		
TITLE NAME	P RICHARDSON, DAVID M	Delete	TITL					☐ Change	Addition	
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·			EET ADDRESS					•	
CITY-ST-ZIP	-ST-ZIP EARLETON, FL 32631 CF			(-ST-ZIP		· · · · · · · · · · · · · · · · · · ·				
TITLE	ST DIGUIADOSON DEGINANA	Deleta	m					☐ Change	Addition	
NAME STREET ADDRESS	RICHARDSON, REGINA W NA 5 10519 NE CR 1469 STR			AE EET ADORESS						
CITY-ST-ZIP	9 n ( D i			r-ST-ZIP						
TITLE		☐ Delete	TITL	E		· <del></del>	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
NAME			NAM	·- 1						
STREET ADDRESS		•		EET ADDRESS 7-ST-ZIP			-	-	-	
TITLE		☐ Delete	tm.					☐ Change	Addition	
NAME		<del></del>	NAA	Æ				_ •	_	
STREET ADDRESS CITY-ST-ZIP			•	EET ADDRESS 1-ST-ZIP						
TITLE		☐ Delete	TITL					☐ Change	Addition	
NAME			NAA	Æ						
STREET ADDRESS				EET ADORESS						
CITY-ST-ZIP		<u> </u>		Y-ST-ZIP					A 44/41	
TITLE NAME		Delete	TITE		-			☐ Change	Addition	
STREET ADDRESS				EET ADDRESS						
CITY-ST-ZEP			CIT	Y-ST-ZIP		<del>,</del> ,	<del> </del>			
12. I hereby	certify that the information supplied with	n this filing does not qualify fo	r the exe	emption state	ed in Se	ction 119.07(3)(i)	, Florida Statutes.	I further certify that the	information	

Interest ceruly that the information supplied with this litting 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.