

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V54955

FILED  
Jun 16, 2009  
Secretary of State

Entity Name: BAYNE'S SPREADER SERVICE, INC.

**Current Principal Place of Business:**

6142 LAKE EMMA RD  
GROVELAND, FL 34736 US

**New Principal Place of Business:**

**Current Mailing Address:**

6142 LAKE EMMA RD  
GROVELAND, FL 34736 US

**New Mailing Address:**

FEI Number: 65-0351647      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRIDGES, W. BAYNE  
6142 LAKE EMMA RD  
GROVELAND, FL 34736 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: BRIDGES, BAYNE  
Address: 6142 LAKE EMMA RD  
City-St-Zip: GROVELAND, FL 34736

Title: DT ( ) Delete  
Name: BRIDGES, ANGELA  
Address: 6142 LAKE EMMA RD.  
City-St-Zip: GROVELAND, FL 34736

Title: S ( ) Delete  
Name: WILBANKS, SCOTT W  
Address: 22102 OBRIEN RD  
City-St-Zip: HOWEY IN THE HILLS, FL 34737

**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: ANGELA BRIDGES

DT

06/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date