


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 769084
 1. Entity Name
EAST BAY ESTATES, INC.



Principal Place of Business Mailing Address
BOX 1978 **BOX 1978**
THOMASVILLE, GA 31799 **THOMASVILLE, GA 31799**

DO NOT WRITE IN THIS SPACE



01262006 No Chg-NP CR2E037 (11/05)

4. FEI Number Applied For
58-1577521 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BETTS, BEN F.
104 N MAGNOLIA DR
TALLAHASSEE, FL 32301

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD METZNER, BRENDA H. 701 S BROAD ST THOMASVILLE, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD METZNER, T.C. 701 S BROAD ST THOMASVILLE, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETTS, BEN F. 104 W. MAGNOLIA TALLAHASSEE, FL
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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 617, 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.

SIGNATURE: *Brenda H Metzner* Date: *2-8-06* Daytime Phone #: *229-27-0789*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR