


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 831504**  
 1. Entity Name  
 BAY MEADOW CORPORATION OF FLORIDA



Principal Place of Business      Mailing Address  
 2910 N. ASHLEY ST                      2910 N. ASHLEY ST  
 B    B  
 VALDOSTA, GA 31602 US                  VALDOSTA, GA 31602 US

**DO NOT WRITE IN THIS SPACE**



04082004 No Chg-P CR2E034 (10/03)

4. FEI Number      Applied For  
 58-1154992      Not Applicable

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

6. Name and Address of Current Registered Agent  
 BARINEAU, ELBERT  
 5019 VALLEY FARM RD  
 TALLAHASSEE, FL 32303

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

000000118043  
 04/19/04-80044-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	HAGAN BETTY J
STREET ADDRESS	5354 MOSS OAK TRAIL
CITY-ST-ZIP	LAKE PARK GA.
TITLE	P
NAME	HAGAN DAVID M
STREET ADDRESS	5324 GOLF DRIVE
CITY-ST-ZIP	LAKE PARK, GA
TITLE	D
NAME	HAGAN, H.D.
STREET ADDRESS	5354 MOSS OAK TRAIL
CITY-ST-ZIP	LAKE PARK, GA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: David M. Hagan      Date: 4/16/04      Daytime Phone #: (229) 245-8774  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR