


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 322780</b> 1. Entity Name GREAT BAY DISTRIBUTORS, INC.		
Principal Place of Business 2310 STARKEY RD. LARGO, FL 33771 US		Mailing Address 2310 STARKEY RD. LARGO, FL 33771 US
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  PETRINI, RONALD R. 2310 STARKEY RD. LARGO, FL 33771		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		U000000108124 04/09/04-80042-015 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBRIGHT, CRAIG 119 OZONA DRIVE PALM HARBOR, FL 34683	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BELL, G RICHARD 3044 BRANCH DRIVE CLEARWATER, FL 33760	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOKOLOWSKI, CLAUDIA 2340 EDGEWATER LANE LARGO, FL 33774	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETRINI, RONALD R 122 HARBORVIEW LANE LARGO, FL 33770	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FOCARDI, NINA 2432 PELHAM DR N. SAINT PETERSBURG, FL 33710	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-8-04 (727) 584-8626 <small>Date Daytime Phone #</small>