

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90338 002 ***150.00



DOCUMENT # F00000001902
 1. Entity Name
GULF BAY LAND INVESTMENTS, INC.

Principal Place of Business Mailing Address
8156 FIDDLERS CREEK PKWY **8156 FIDDLERS CREEK PKWY**
NAPLES, FL 34114 **NAPLES, FL 34114**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01172008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
65-0072733 Not Applicable

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

6. Name and Address of Current Registered Agent
GRAGGARD, K.LAWRENCE
200 S.BISCAYNE BLVD,STE 4900
MIAMI, FL 33131

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRAO, AUBREY J	NAME	
STREET ADDRESS	8156 FIDDLERS CREEK PKWY	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34114	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DINARDO, ANTHONY	NAME	
STREET ADDRESS	8156 FIDDLERS CREEK PKWY	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34114	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOSOHRA, TETUSO	NAME	
STREET ADDRESS	805 THIRD AVE 16TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10022	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODWARD, MARK J	NAME	
STREET ADDRESS	3200 TAMAMI TRAIL NO. 200	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34108	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Parisi, Joseph Livio
STREET ADDRESS		STREET ADDRESS	8156 Fiddler's Creek Parkway
CITY-ST-ZIP		CITY-ST-ZIP	Naples, FL 34114
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 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: 3/31/08 (239) 732-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Joseph Livio Parisi, as Director