## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 11, 2004 08:00 AM Secretary of State **DOCUMENT # G11724** NORTH BAY INVESTMENT CORP. Principal Place of Business Mailing Address 800 S OSPREY AVE 800 S OSPREY AVE SARASOTA, FL 34236 SARASOTA, FL 34236 US 01092004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2245075 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHEA, NORMAN J. DO NOT WRITE 800 S. OSPREY AVE. SUITE 401A IN THIS SPACE SARASOTA, FL 34236 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 names of registered against and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE U00000046163 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees UŽ/11/04-80091-018 150.00 OFFICERS AND DIRECTORS 10. HILE SHEA, NORMAN J. MAME STREET ADDRESS 1420 S. LAKESHORE DRIVE DITY - ST - 782 SARASOTA, FL 34231 SUPLEE, RAY NAME STREET ADDRESS 800 S. OSPREY AVE. CITY - ST - ZIP SARASOTA, FL 34236 TILL HAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP BILE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP me NAME

12. Thereby certify that the information supplied with this filling 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:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1 / Muc

SIGNATURE AND TYPED OR PRINTED NAME OF SIGMING OFFICER OR DIRECTOR

2/6/04

Daytime Prone #

**FILED**