


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

| | |
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| DOCUMENT # L22373 1. Entity Name CARLO BAY ENTERPRISE, INC. |  |
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|---|---|
| Principal Place of Business 516 PATRICIA AVENUE DUNEDIN, FL 34698 | Mailing Address 516 PATRICIA AVENUE DUNEDIN, FL 34698 |
|---|---|



04292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|------------------------------------|
| 4. FEI Number 59-3374714 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fees Required |

6. Name and Address of Current Registered Agent

COLUCCI, SAM C.
516 PATRICIA AVE
DUNEDIN, FL 34698

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

1000000355126
05/03/05-80135-002 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P COLUCCI, SAM C. 516 PATRICIA AVENUE DUNEDIN, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST COLUCCI, CARLO C. 516 PATRICIA AVENUE DUNEDIN, FL |
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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: *Liuda Distrow* **LIUDA DISTROW CONTROLLER** 5/28/05 (727) 734-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #