2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 08, 2004 8:00 am Secretary of State DOCUMENT # P03000136160 1. Entity Name 04-08-2004 90033 048 ***150.00 BAY BEACH ENTERPRISES, INC. Mailing Address Principal Place of Business 4412 101ST STREET WEST 4412 101ST STREET WEST **BRADENTON FL 34210** BRADENTON FL 34210 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State 4. FEI Number City & State 56- 2417417 Not Applicable Country \$8.75 Additional Ziρ Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR **MIAMI FL 33145** 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** DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Change Addition PTD TITLE ☐ Delete TITLE MCCLASH, PETER J NAME NAME 4412 101ST STREET WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34210** CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE MCCLASH, RYAN M NAME NAME STREET ADDRESS STREET ADDRESS 4412 101ST STREET WEST **BRADENTON FL 34210** CITY-ST-ZIP CITY-ST-ZIP 🔀 Delete TITLE Change Addition TITI F MCCLASH, PETER J. NAME MCCLASH, SUSAN L NAME 4412-101 ST. W. STREET ADDRESS 4412 101ST STREET WEST STREET ADDRESS BRADAMIOA CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34210** ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE 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 exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report intrule 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 one white does not 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.

PRIER J. Mc CLASH

SIGNATURE:

SIGNATURE AND TYPED OR P

PRASIDENT | DIRECTOR

FILED