

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90017 015 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                     |                                                                                     |                                                                         |                                                                                                                                            |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 322780</b><br>1. Entity Name<br><b>GREAT BAY DISTRIBUTORS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                     |                                                                                     |                                                                         |                                                                                                                                            |  |
| Principal Place of Business<br><b>2310 STARKEY RD.<br/>LARGO, FL 33771 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |                                                                                     | Mailing Address<br><b>2310 STARKEY RD.<br/>LARGO, FL 33771 US</b>       |                                                                                                                                            |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                     |                                                                                     | 3. Mailing Address<br><br>Suite, Apt. #, etc.                           |                                                                                                                                            |  |
| City & State<br><br>Zip      Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                     |                                                                                     | City & State<br><br>Zip      Country                                    |                                                                                                                                            |  |
| 4. FEI Number<br><b>59-1196133</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                     |                                                                                     | Applied For<br><input type="checkbox"/> Not Applicable                  |                                                                                                                                            |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                     |                                                                                     | <b>\$8.75 Additional Fee Required</b>                                   |                                                                                                                                            |  |
| 6. Name and Address of Current Registered Agent<br><br><b>PETRINI, RONALD R.<br/>2310 STARKEY RD.<br/>LARGO, FL 33771</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                     |                                                                                     |                                                                         | 7. Name and Address of New Registered Agent -<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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.<br><br>SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent, and title, if applicable. (NOTE: Registered Agent's signature required when resigning)</small>                                                                                                                                                                                                               |                                                                                                     |                                                                                     |                                                                         |                                                                                                                                            |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                         | <b>\$5.00 May Be Added to Fees</b>                                                                                                         |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                     |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>            |                                                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>D</b><br><b>RUBRIGHT, CRAIG</b><br><b>119 OZONA DRIVE</b><br><b>PALM HARBOR, FL 34683</b>        | <input type="checkbox"/> Delete                                                     |                                                                         |                                                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>V</b><br><b>BELL, G RICHARD</b><br><b>3044 BRANCH DRIVE</b><br><b>CLEARWATER, FL 33760</b>       | <input checked="" type="checkbox"/> Delete                                          |                                                                         |                                                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>T</b><br><b>SOKOLOWSKI, CLAUDIA</b><br><b>2340 EDGEWATER LANE</b><br><b>LARGO, FL 33774</b>      | <input type="checkbox"/> Delete                                                     |                                                                         |                                                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>P</b><br><b>PETRINI, RONALD R</b><br><b>316 LOTUS PATH</b><br><b>CLEARWATER, FL 33756</b>        | <input type="checkbox"/> Delete                                                     |                                                                         |                                                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>S</b><br><b>FOCARDI, NINA</b><br><b>2432 PELHAM DR N.</b><br><b>SAINT PETERSBURG, FL 33710</b>   | <input type="checkbox"/> Delete                                                     |                                                                         |                                                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                     | <input type="checkbox"/> Delete                                                     |                                                                         |                                                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>VP</b><br><b>CARMAN, WILLIAM</b><br><b>2950 MOSS ROSE AVENUE</b><br><b>PALM HARBOR, FL 34683</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |                                                                         |                                                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |                                                                         |                                                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |                                                                         |                                                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |                                                                         |                                                                                                                                            |  |
| 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. |                                                                                                     |                                                                                     |                                                                         |                                                                                                                                            |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                     |                                                                                     | 3/21/2008      (727)-584-8626<br><small>Date      Daytime Phone</small> |                                                                                                                                            |  |