

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 484866

1. Entity Name

BAY REALTY OF SARASOTA, FL INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JAN 27 AM 8:00

Principal Place of Business

7101 SOUTH TAMIAMI TRAIL  
#C  
SARASOTA FL 34231-5335  
US

Mailing Address

1705 SOUTHPOINTE DRIVE  
SARASOTA FL 34231-5335

2. Principal Place of Business

3. Mailing Address



MOORE

CR2E034 (11/03)

MRD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1622026

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TARGEE, PHILLIP S.  
1705 SOUTHPOINTE DR.  
SARASOTA FL 34231

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME TARGEE, PHILLIP S  
STREET ADDRESS 1705 SOUTHPOINTE DR  
CITY-ST-ZIP SARASOTA FL

TITLE SD ☐ Delete  
NAME TARGEE, LINDA J  
STREET ADDRESS 1705 SOUTHPOINTE DR  
CITY-ST-ZIP SARASOTA FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 600028321156  
CITY-ST-ZIP 02/06/04--01023--014 \*\*150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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:

Signature and Typed or Printed Name of Signing Officer or Director  
Phillip S. Targee

Date

Daytime Phone #

1/21/04 (941) 924-8101