
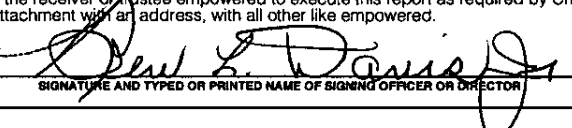


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90020 018 \*\*\*150.00

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| <b>DOCUMENT # 555775</b><br>1. Entity Name<br><b>EAST BAY PROPERTIES, INC.</b>  |  |   |   |   |  |
| Principal Place of Business<br><b>6956 SANTA CLARA DRIVE</b><br><b>NAVARRE, FL 32566 US</b>   |  |   | Mailing Address<br><b>6956 SANTA CLARA DRIVE</b><br><b>NAVARRE, FL 32566 US</b> |  |  |
| 2. Principal Place of Business  |  | 3. Mailing Address  |   |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |   |  |  |
| City & State  |  | City & State  |   | 4. FEI Number<br><b>59-2420791</b>   |  |
| Zip   |  | Country   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent   |  |   |   | 7. Name and Address of New Registered Agent  |  |
| <b>DAVIS, BEN L JR</b><br><b>6955 SANTA CLARA DRIVE</b><br><b>NAVARRE, FL 32566</b>   |  |   |   | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____  |  |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |  |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                           |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b><br><b>HUBBIRD, NORMA GILMORE</b><br><b>9021 WESTSIDE DRIVE</b><br><b>PENSACOLA, FL</b> <input type="checkbox"/> Delete    |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><br><b>Pensacola, FL 32514</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>V</b><br><b>WEST, BILLY JOE</b><br><b>1640 AMANDA LANE</b><br><b>CANTONMENT, FL 32533</b> <input type="checkbox"/> Delete       |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><br>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>ST</b><br><b>BUTLER, DAVID R.</b><br><b>5518 CRESTWOOD DR</b><br><b>KNOXVILLE, TN 37904</b> <input type="checkbox"/> Delete     |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><br>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>P</b><br><b>DAVIS, BEN L., JR.</b><br><b>6956 SANTA CLARA DRIVE</b><br><b>NAVARRE, FL 32566</b> <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <b>PS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><br>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>PD</b><br><b>PEADEN, JEAN</b><br><b>8696 SCENIC HIGHWAY</b><br><b>PENSACOLA, FL</b> <input type="checkbox"/> Delete             |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <b>D</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><br><b>Pensacola, FL 32514</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b><br><b>HOLLINGSWORTH, WALTER</b><br><b>119 MELANIE LANE</b><br><b>DAPHNE, AL</b> <input type="checkbox"/> Delete           |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><br><b>Daphne, AL 36526</b>  |  |
| 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. |  |   |   |  |  |
| <b>SIGNATURE:</b>  <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></span> <span><small>Date</small></span> <span><small>Daytime Phone #</small></span> </div>  |  |   |   |  |  |