


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2004 08:00 AM
Secretary of State

DOCUMENT # 607581 1. Entity Name SOUTH BAY CONTRACTING, INC.	
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Principal Place of Business 508 E. SHELL POINT RD. RUSKIN, FL 33570 US	Mailing Address 508 E SHELLPOINT RD RUSKIN, FL 33570
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DO NOT WRITE IN THIS SPACE



01222004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2127536	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHARLES R SIMMONS
508 E SHELLPOINT RD
RUSKIN, FL 33570

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEAN SIMMONS 508 E. SHELL POINT ROAD RUSKIN, FL 33570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIMMONS, CHARLES R 508 EAST SHELLPOINT ROAD RUSKIN, FL 33570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SIMMONS, SAMUEL R 201 5TH STREET NE APT 1 RUSKIN, FL 33570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SIMMONS, LINDA 508 E SHELL POINT RD RUSKIN, FL 33570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/04/04-80005-016 150.00

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IN THIS SPACE**

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 another like empowered.

SIGNATURE: *Linda Simmons* **Linda Simmons** 2-25-04 813-645-1447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #