

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90402 044 ****61.25

| | | | | | |
|---|--------------------------|--|---|--|--|
| DOCUMENT # 703347 1. Entity Name BAY FOUR INC | | | | | |
| Principal Place of Business 8000 EAST DRIVE GATE HOUSE 106 NORTH BAY VILLAGE, FL 33141 US | | | | Mailing Address 8000 EAST DRIVE GATE HOUSE NORTH BAY VILLAGE, FL 33141 | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| SAINTS, ROBERT 8020 EAST DR #215 N BAY VILLAGE, FL 33141 | | | | Name SANDS, ROBERT 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PINGITORE, FRANK | | NAME | | |
| STREET ADDRESS | 8010 E DR #312 | | STREET ADDRESS | | |
| CITY-ST-ZIP | N. BAY VILLAGE, FL 33141 | | CITY-ST-ZIP | | |
| TITLE | VPD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GIUDICI, GERRY | | NAME | | |
| STREET ADDRESS | 8010 G DR #208 | | STREET ADDRESS | | |
| CITY-ST-ZIP | N. BAY VILLAGE, FL 33141 | | CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PASQUALE, VERONE | | NAME | | |
| STREET ADDRESS | 80000 EAST DR #306 | | STREET ADDRESS | | |
| CITY-ST-ZIP | N. BAY VILLAGE, FL 33141 | | CITY-ST-ZIP | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | AHR, PAUL R | | NAME | | |
| STREET ADDRESS | 8020 E DR #317 | | STREET ADDRESS | | |
| CITY-ST-ZIP | N. BAY VILLAGE, FL 33141 | | CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | JOHN HART | | NAME | | |
| STREET ADDRESS | 8000 EAST DRIVE #202 | | STREET ADDRESS | | |
| CITY-ST-ZIP | N. BAY VILLAGE, FL 33141 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | 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 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 617, 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: <i>General President</i> | | | Date 3.20.04 Daytime Phone # 305-757-8660 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |