


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # 745292			
1. Entity Name 2200 SOUTH BAY, INC.			
Principal Place of Business 2200 S. BAY ST. EUSTIS FL 32726 US		Mailing Address P.O. BOX 2347 UMATILLA FL 32784 US	
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	
RODGER, CINDY H 37325 BEACH DRIVE UMATILLA FL 32784		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 <i>Cindy H. Rodger</i>		DATE <i>4-30-05</i>	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODGER, CINDY H	NAME	
STREET ADDRESS	37325 BEACH DR	STREET ADDRESS	
CITY-ST-ZIP	UMATILLA FL 32784	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTILLO, JOSE	NAME	
STREET ADDRESS	12302 PINE ISLAND DRIVE	STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34788	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATECKI, MARSHA	NAME	
STREET ADDRESS	12302 PINE ISLAND DR.	STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34788	CITY-ST-ZIP	
TITLE	TSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODGER, CINDY H	NAME	
STREET ADDRESS	37325 BEACH DR	STREET ADDRESS	
CITY-ST-ZIP	UMATILLA FL 32784	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	
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>Cindy H. Rodger</i>		DATE	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	



1st MOORE CR2E037 (10/04)

4. FEI Number **59-1977264** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

U00000366900
05/16/05-80011-009 61.25