

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90721 048 \*\*\*150.00

**DOCUMENT # H48501**

1. Entity Name

EMERALD BAYS INCORPORATED



Principal Place of Business

700 ATLANTIC ROAD  
UNIT 201  
MELBOURNE FL 32904  
US

Mailing Address

700 ATLANTIC ROAD  
UNIT 201  
MELBOURNE FL 32904  
US

2. Principal Place of Business

694 ATLANTIS RD.

3. Mailing Address

694 ATLANTIS RD.

Suite, Apt. #, etc.

unit 1

Suite, Apt. #, etc.

unit 1

City & State

Melbourne FL

City & State

Melbourne FL

Zip

32904

Country

US

Zip

32904

Country

US



MOORE

CR2E034 (11/03)

4. FEI Number

59-2518645

Applied For

Not Applicable

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

MASLOW, JOHN-  
300 MARLIN PL  
MELBOURNE BCH FL 32951

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST ☐ Delete  
NAME MASLOW, JOHN  
STREET ADDRESS 300 MARLIN PL  
CITY-ST-ZIP MELBOURNE BCH FL 32951

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

TITLE V ☐ Delete  
NAME MASLOW, A CAROL  
STREET ADDRESS 300 MARLIN PL  
CITY-ST-ZIP MELBOURNE BCH FL 32951

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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

JOHN MASLOW

4-2-04

Date

Daytime Phone #