

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # J20693

1. Entity Name
GULF BAY MARKETING GROUP, INC.



FILED

05 MAY 17 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
3200 TAMiami TRAIL N
SUITE 200
NAPLES, FL 34103 US

Mailing Address
3200 TAMiami TRAIL N
SUITE 200
NAPLES, FL 34103 US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

05052005 Chg-P CR2E034 (10/03)

4. FEI Number
59-2690520

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
WOODWARD, MARK J.
3200 TAMiami TRAIL N
SUITE 200
NAPLES, FL 34103

7. Name and Address of New Registered Agent
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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERRAO, AUBREY 3470 CLUB CENTER BLVD NAPLES, FL 34114 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DINARDO, ANTHONY 3470 CLUB CENTER BLVD NAPLES, FL 34114 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WOODWARD, MARK J 3200 TAMiami TRAIL N #200 NAPLES, FL 34103 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PARISI, JOSEPH L 3470 CLUB CENTER BLVD NAPLES, FL 34114 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200055375902 05/26/05--01052--004 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Director DiNardo, Anthony 3470 Club Center Boulevard Naples, FL 34114 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres, Treas, Dir Parisi, Joseph L. 3470 Club Center Boulevard Naples, FL 34114 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Anthony DiNardo 5/10/05 (239) 732-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Anthony DiNardo, President