

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90096 009 \*\*\*150.00

**DOCUMENT # J28915**


1. Entity Name  
**NORTH BAY RENTALS, INC.**



Principal Place of Business      Mailing Address  
**3416 HWY 390**      **3416 HWY 390**  
**PANAMA CITY FL 32405**      **PANAMA CITY FL 32405**

2. Principal Place of Business      3. Mailing Address  
**1815 KENTUCKY AVE**      Suite, Apt. #, etc.  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**LYNN HAVEN**      City & State  
 City & State      City & State  
**FL**      **FL**

Zip      Country      Zip      Country  
**32444**      **BAY**



MOORE      CR2E034 (11/03)

4. FEI Number      Applied For  
**59-2708867**      Not Applicable

6. Name and Address of Current Registered Agent  
**TAYLOR, LOUISA**  
**212 VIRGINIA AVE.**  
**LYNN HAVEN FL 32444**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**3416 W. Hwy 390**  
 City      State      Zip Code  
**PANAMA CITY      FL      32405**

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**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	TAYLOR, LOUISA	
STREET ADDRESS	3416 HWY 390	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, DON	
STREET ADDRESS	3416 HWY 390	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Don Taylor      **DON TAYLOR**      10 MARCH 2004/850-215-9424  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #