

Sent By: Larry Geimer PCA;

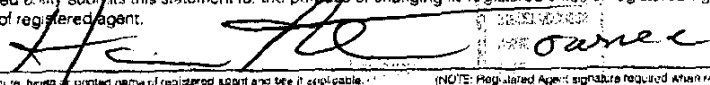
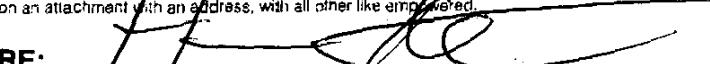
941 953 2863;

Ap

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90722 029 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # J59985			
1. Entity Name BIRD BAY REALTY, INC.			
Principal Place of Business 680 N. U.S. 41 BYPASS, STE A VENICE, FL 34292		Mailing Address 680 N. U.S. 41 BYPASS, STE A VENICE, FL 34292	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2782073		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KIRSTEN, HANS. 680 N. U.S. 41 BYPASS, STE A VENICE, FL 34292		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:  DATE: (NOTE: Registered Agent signature required when re-appointing)			
9. Election Campaign Financing Trust Fund Contribution: ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
PD	KIRSTEN, HANS D.		
STREET ADDRESS	680 N. US 41 BY-PASS	STREET ADDRESS	
CITY-ST-ZIP	VENICE, FL	CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	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 115.07(3)(c), 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: 			

94080422



04292004 Chg-P CR2E034 (10/03)