

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # K10381

1. Entity Name

SUN BAY BUILDERS, INC.



Principal Place of Business

2132 MONTANA AVE NE
ST. PETERSBURG FL 33703

Mailing Address

2132 MONTANA AVE NE
ST. PETERSBURG FL 33703

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

59-2863745

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

MIANO, MICHAEL
2132 MONTANA AVE NE
ST. PETERSBURG FL 33703

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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

TITLE	P	<input type="checkbox"/> Delete
NAME	MIANO, MICHAEL	
STREET ADDRESS	2132 MONTANA AVE. NE	
CITY - ST - ZIP	SAINT PETERSBURG FL	

TITLE	S	<input type="checkbox"/> Delete
NAME	MIANO, SUSAN	
STREET ADDRESS	2132 MONTANA AVE. NE	
CITY - ST - ZIP	SAINT PETERSBURG FL	

TITLE	V	<input type="checkbox"/> Delete
NAME	COOK III, CHARLES	
STREET ADDRESS	8038 WALSHINGHAM RD	
CITY - ST - ZIP	LARGO FL	

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	1100000264704	
STREET ADDRESS	03/16/05-80022-015 150.00	
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		

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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)(f), 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:

Susan P. Miano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/05

727-525-2405

Date

Daytime Phone #