


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90338 039 \*\*\*150.00

DOCUMENT # K39208			
1. Entity Name GULF BAY DEVELOPMENT PLANNERS, INC.			
Principal Place of Business 3200 TAMIAMI TRAIL N., STE 200 NAPLES, FL 34103 US		Mailing Address 3200 TAMIAMI TRAIL N., STE 200 NAPLES, FL 34103 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WOODWARD, MARK J 3200 TAMIAMI TRAIL N., STE 200 NAPLES, FL 34103		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11	
TITLE	PD	TITLE	
NAME	FERRAO, AUBREY J	NAME	
STREET ADDRESS	8156 FIDDLER'S CREEK PKWY	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34114	CITY-ST-ZIP	
TITLE	SD	TITLE	D
NAME	WOODWARD, MARK J	NAME	
STREET ADDRESS	3200 TAMIAMI TRAIL N #200	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34103	CITY-ST-ZIP	
TITLE	VPD	TITLE	S
NAME	PARISI, JOSEPH L	NAME	
STREET ADDRESS	8156 FRDDLER'S CREEK PKWY	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34114	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	DINARDO, ANTHONY	NAME	
STREET ADDRESS	8156 FIDDLER'S CREEK PKWY	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34114	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		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 exemptions contained in Chapter 119, 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 another like empowered.			
SIGNATURE: _____		3/27/08 (239) 732-9400	
Joseph Parisi, Director		Date Daytime Phone #	