

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90684 017 \*\*\*150.00

**DOCUMENT # K84666**

1. Entity Name  
**GULFBAY CHEMICAL CO.**



Principal Place of Business

**10740-47TH ST N  
CLEARWATER, FL 33762 US**

Mailing Address

**P O BOX 21662  
ST PETERSBURG, FL 33742-1662 US**

**94051120**



02192004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2953265**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**SMITH, WALTER E., ESQ  
757 ARLINGTON AVE N  
P.O. BOX 27  
ST PETERSBURG, FL 33731**

**DO NOT WRITE  
IN THIS SPACE**

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**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ASHLINE, WILLIAM G.
STREET ADDRESS	1112 40 AVE NE
CITY- ST- ZIP	ST PETERSBURG, FL
TITLE	VD
NAME	ASHLINE, ELAINE R.
STREET ADDRESS	1112 40 AVE NE
CITY- ST- ZIP	ST PETERSBURG, FL
TITLE	DS
NAME	ASHLINE, BLAIR A.
STREET ADDRESS	3792 ARKANSAS AVE NE
CITY- ST- ZIP	ST PETERSBURG, FL
TITLE	<del>D</del> <i>Stock Holder</i>
NAME	HAYDEN, MARTIN P
STREET ADDRESS	941 WOODGATE DR
CITY- ST- ZIP	PALM HARBOR, FL 34685
TITLE	D
NAME	GRACE, DAVID
STREET ADDRESS	161-114TH AVE N
CITY- ST- ZIP	SAINT PETERSBURG, FL 33716
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

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.

*Elaine R. Ashline* Elaine R. Ashline

4-6-04