## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # K84666** 

**GULF BAY CHEMICAL CO.** 

## **FILED** Apr 20, 2006 8:00 am Secretary of State 04-20-2006 90174 040 \*\*\*150.00

				No. of the last						
10740-47TH ST N		Mailing Address P 0 B0X 21662 ST PETERSBURG, FL 3			4005	1111				
2. Principal P	flace of Business	3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03192006	thg-P	CR2E03	14 (11/05)		
City & State		City & State			4. FEI Number				oplied For	
Zip Country		Zip	Zip Country		59-2953265 5. Certificate of Sta			8.75 Add	titional	
ļ	Penietered Agent	L	1	7. Name and Addr	see of New Dec		<del></del>	<u>u</u>		
<b> </b>	6. Name and Address of Current	Legistered Wheter		Name	7. Name and Addit	PAS OI NOW NO	Aleren era v	Agur	<del></del>	
SMITH, WALTER E., ESQ 757 ARLINGTON AVE N P.O. BOX 27				Street Address (P.O. Box Number is Not Acceptable)						
ST PETERSBURG, FL 33731								1		
				City			FL	Zip Cod	Ð	
signature.	tions of registered agent.  Signature, typed or printed name of registered agent				quired when reinstating)		DATE			
	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.	9. Election Campa Trust Fund Cont	•	~ —	\$5.00 May Be Added to Fees					
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHAN	IGES TO OFFIC	ERS AND	DIRECTOR	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	PD ASHLINE, WILLIAM G. 1112 40 AVE NE ST PETERSBURG, FL	☐ Delete		- 1				☐ Change	Addition	
TITLE NAME STREET ADDRESS	VD ASHLINE, ELAINE R. 1112 40 AVE NE	☐ Delete	TITLI NAM STRE		V D 7			Change	☐ Addition	
CITY-ST-ZIP	ST PETERSBURG, FL		CITY	'-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ASHLIAY, BLAIR A 6685 26TH WAY N SAINT PETERSBURG, FL 3370	☐ Delete		1 1	/DS Ashline, Bl	air A		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SH HAYDEN, MARTIN P 941 WOODGATE DR PALM HARBOR, FL 34685	\$2€ Delete		- 1				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRACE, DAVID 161-114TH AVE N SAINT PETERSBURG, FL 3371	□ Delete						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	☐ Addition	
12. I hereby	certify that the information supplied with	n this filing does not qualify to	or the ex	emptions conta	ined in Chapter 119. Flori	da Statutes I fi	urther certi	tv that the is	nformation	

Indicated on this report or supplied with its faint does not qualify for the exhibitors contained in Chapter 119, Florida Statutes. Intriner certify that the mormation indicated on this report or suppliemental 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 peceiver 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 AND TYPED OR PRINTED RAME OF SIGNING OFFICER OR DIRECTOR Elaine R. Ashline 4/18/06 727-572-451 SIGNATURE: Daytime Phone #