

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90208 050 \*\*\*150.00

**DOCUMENT # K84666**

1. Entity Name  
**GULF BAY CHEMICAL CO.**



40083420

Principal Place of Business

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

Mailing Address

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



**DO NOT WRITE IN THIS SPACE**

04012007 No Chg-P CR2E034 (11/05)

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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	VDS
NAME	ASHLINE, BLAIR A. <i>Ashline</i>
STREET ADDRESS	6685 26TH WAY N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702
TITLE	VD
NAME	GRACE, DAVID
STREET ADDRESS	161-114TH AVE N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Elaine R. Ashline* *Elaine R. Ashline* *4-17-07* *727-572-4514*