

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M73172

Entity Name: TRADERS BAY COMPANY, INC.

FILED
Apr 25, 2007
Secretary of State

Current Principal Place of Business:

2800 N. PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 320843627 US

New Principal Place of Business:

320 REDWING LN
ST. AUGUSTINE, FL 32080 US

Current Mailing Address:

2800 N. PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 320843627 US

New Mailing Address:

320 REDWING LN
ST. AUGUSTINE, FL 32080 US

FEI Number: 59-2892355

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LASSITER, CHARLES M
2800 N. PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

LASSITER, CHARLES M
320 REDWING LN
ST. AUGUSTINE, FL 32080 US

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.

SIGNATURE:

04/25/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MAGUIRE, CRAIG A.,
Address: 28 CORDOVA ST
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: DV () Delete
Name: LASSITER, CHARLES M.,
Address: 809 COASTAL HWY
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: DST () Delete
Name: PELLICER, CHARLES E.,
Address: 320 REDWING LN
City-St-Zip: ST AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES M LASSITER

DV

04/25/2007

Electronic Signature of Signing Officer or Director

Date