


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000003419 1. Entity Name PINE BAY SPORTSMAN CLUB, INC.	
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Principal Place of Business 1018 SEEDEVA STREET CLEARWATER FL 33755	Mailing Address 1018 SEEDEVA STREET CLEARWATER FL 33755
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt #, etc.	Suite, Apt #, etc.	
City & State	City & State	
Zip	Country	Zip
		Country



1st MOORE CR2E037 (10/04)

4. FEI Number **59-3648490** Applied For
 Not Applied

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

6. Name and Address of Current Registered Agent

**BATSFORD, EDWARD T
1231 KAPP DRIVE
CLEARWATER FL 33765**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete BATSFORD, EDWARD 1018 SEEDEVA STREET CLEARWATER FL 33755
TITLE	D <input type="checkbox"/> Delete PEIRSON, TOM JR 8630 E HWY 25 BELLEVUE FL 34420
TITLE	D <input type="checkbox"/> Delete MILLER, LEE PO BOX 171 DURANT FL 33530
TITLE	D <input type="checkbox"/> Delete MILLER, JASON 7729 58TH STREET N. PINELLAS PARK FL 33781
TITLE	STD <input type="checkbox"/> Delete JOHNSON, CHARLES 2290 CAPRI DR. CLEARWATER FL 33763
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add U00000215499 02/05/05-80011-017 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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:  **CHARLES B. JOHNSON** Date: **2-1-05** Phone: **727-430-2371**