

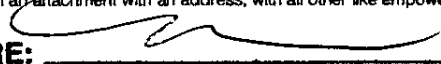


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90037 018 ****61.25

DOCUMENT # N9600000117			
1. Entity Name BAY SAILORS, INCORPORATED		Principal Place of Business 3535 ULMERTON ROAD CLEARWATER, FL 33762	
Mailing Address PO BOX 47396 ST PETE, FL 33743		04122004 Chg-NP CR2E037 (10/03)	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WALKER, GILBERT J 16102 HIGHLAND AVE. LUTZ, FL 33548		Name SWANSON, LYNBETH	
		Street Address (P.O. Box Number is Not Acceptable) 118 MARC DALE BLVD	
		City INDIAN ROCKS BEACH FL Zip Code 33785	
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 		DATE	
Filing Fee is \$61.25 Due by May 1, 2004		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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TALBOT, EDWIN 450-81ST AVENUE SAINT PETERSBURG, FL 33706 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOODALL, ROBERT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4138 BRENTWOOD PARK CIRCLE TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WOODALL, ROBERT <input checked="" type="checkbox"/> Delete 4138 BRENTWOOD PARK CIRCLE TAMPA, FL 33624	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STERBA, ED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 513-68 HOLMES BEACH, FL 34217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REED, CHERYL <input checked="" type="checkbox"/> Delete 1130-5TH AVE. NE LARGO, FL 33770	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TURNER, VIVIAN (SAM) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 521 ERIE AVE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SWANSON, LYNBETH <input type="checkbox"/> Delete 118 MARC DALE BLVD. INDIAN ROCKS BEACH, FL 33785	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVD WALKER, GILBERT J <input checked="" type="checkbox"/> Delete 16102 HIGHLAND AVE. LUTZ, FL 33548	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: 		Date 4-12-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

04122004

