


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000003336</b> 1. Entity Name ESTERO BAY MARINE LABORATORY, INC.	
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Principal Place of Business 13910 EAGLE RIDGE LAKES 202 FORT MYERS, FL 33912	Mailing Address 13910 EAGLE RIDGE LAKES 202 FORT MYERS, FL 33912 US
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**DO NOT WRITE IN THIS SPACE**



01072004 No Chg-NP CR2E037 (10/03)

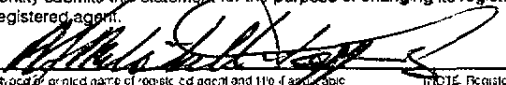
4. FEI Number 65-0679085	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MITCHELL -TAPPING, HUGH J PHD  
13910-202 EAGLE RIDGE LAKES  
FORT MYERS, FL 33912

**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:  DATE: 2-14-2004

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

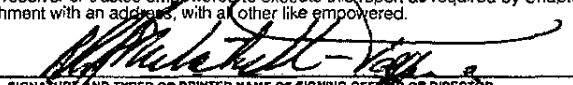
Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000089323 03/15/04-80098-004 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD MITCHELL-TAPPING, HUGH J 13910 EAGLE RIDGE LAKES #202 FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VD MITCHELL-TAPPING, HUGH J PH. D. 113910 EAGLE RIDGE LAKES #202 FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST- ZIP	STD WINTER, THOMAS 13910 EAGLE RIDGE LAKES #202 FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST- ZIP	STD MALLON, JOSEPH P 13910 EAGLE RIDGE LAKES #202 FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

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IN THIS SPACE**

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:  DATE: 2-14-2004 DAYTIME PHONE #: 239-768-5274

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR