

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000013684	
1. Entity Name BLUE BAY ENTERPRISES, INC.	
Principal Place of Business 513 CAMELIA ST PANAMA CITY, FL 32413	Mailing Address PO BOX 7062 PANAMA CITY, FL 32413



04212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3622467	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 SIMERSON, SHELIA ANN 513 CAMELIA ST PANAMA CITY, FL 32413	DO NOT WRITE IN THIS SPACE
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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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSDT FRANCIS, RON 8801 HWY. 388 PANAMA CITY, FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YOUNG, S.R 513 CAMELIA ST PANAMA CITY, FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YOUNG, SR 513 CAMELIA ST PANAMA CITY, FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRANCIS, RON 8801 HWY 388 PANAMA CITY, FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, SR 513 CAMELIA ST PANAMA CITY, FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCIS, RON 8801 HWY 388 PANAMA CITY BEACH, FL 32413

**DO NOT WRITE
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 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 #