


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000067951 1. Entity Name SOUTH BAY BIO-MEDICAL, INC.	
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04252004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3661268	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SPEIGHT, GARY W
6506 SOLITAIRE PALM WAY
APOLLO BEACH, FL 33572

**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 _____

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, 2004 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	D SPEIGHT, GARY W 6506 SOLITAIRE PALM WAY APOLLO BEACH, FL 33572
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST SPEIGHT, GARY W 6506 SOLITAIRE PALM WAY APOLLO BEACH, FL 33572
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPEIGHT, PAMELA D 6506 SOLITAIRE PALM WAY APOLLO BEACH, FL 33572
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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:

Pamela D. Speight Pamela D. Speight 4/25/04 813 641-3054

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

000000133932
04/27/04-80108-012 150.00

**DO NOT WRITE
IN THIS SPACE**