2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90371 013 ***150.00

DOCUMENT # P00000069939

1. Entity Name
HARBOR BAY MARINE INDUSTRIES, INC.

Principal Place of Business	Mailing Address
3001 SE DARIEN RD. ST LUCIE, FL 34952 US	1958 SE PT ST LUCIE BLVD ST LUCIE, FL 34952

01302004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1525 SE Cambridge Dr.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pt. St. Lucie, FL	City & State
Zip: 34952 Country: USA	Zip Country

4. FEI Number: 65-1026689 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SZAFRANSKI, SCOTT A 3001 SE DARIEN RD. ST LUCIE, FL 34952	Name Street Address (P.O. Box Number is Not Acceptable): 1525 SE Cambridge Dr. City: Pt. St. Lucie FL Zip Code: 34952

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 _____ Scott A. Szafranski _____
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SZAFRANSKI, SCOTT A 3001 SE DARIEN RD. PORT SAINT LUCIE, FL 34952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEANGELIS, FRANK P 4086 SW MACKEMER RD. PORT SAINT LUCIE, FL 34953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SKINNER, VIRGIL R 1228 SW BUCKSKIN TR STUART, FL 34997	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MARC MATTESON (DIRECTOR) 6655 S.E. RAINTREE AV. STUART, FL. 34997 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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 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: _____ Scott A. Szafranski _____ (772) 335-7080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #