

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90067 036 ***150.00

DOCUMENT # P00000074400	
1. Entity Name CENTER BAY OFFICE, INC.	

Principal Place of Business 12614 CRESCENT OAKS PLACE TAMPA, FL 33612	Mailing Address 12614 CRESCENT OAKS PLACE TAMPA, FL 33612
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44006065



2. Principal Place of Business 111 SECOND AVE NE Suite, Apt. #, etc. SUITE 702	3. Mailing Address 111 SECOND AVE NE Suite, Apt. #, etc. SUITE 702
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01272004 Chg-P CR2E034 (10/03)

City & State ST. PETERSBURG, FL	City & State ST. PETERSBURG, FL
Zip 33701	Country US
Zip 33701	Country US

4. FEI Number 59-3662417	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134	
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7. Name and Address of New Registered Agent Name EFTHYMIDS V. KALYVAS Street Address (P.O. Box Number is Not Acceptable) 680 76TH AVENUE City ST. PETE BEACH FL Zip Code 33706	
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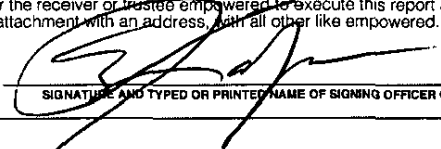
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KALYVAS, EFTHYMOS V 12614 CRESCENT OAKS PLACE TAMPA, FL 33612 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KALYVAS, BILL T 12614 CRESCENT OAKS PLACE TAMPA, FL 33612 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KALYVAS, JAMES 12614 CRESCENT OAKS PLACE TAMPA, FL 33612 ☐ 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
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: 	1/27/04	727.821.4989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #