

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 12, 2005 8:00 am
Secretary of State

05-12-2005 90248 028 ***150.00

DOCUMENT # P00000078875

1. Entity Name

SOUTH BAY INSURANCE, INC.



Principal Place of Business

**321 US HWY 41 NORTH
RUSKIN FL 33570**

Mailing Address

**321 US HWY 41 NORTH
RUSKIN FL 33570**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

319 Ste A, US Hwy 41 N

City & State

City & State

Ruskin

Zip

Country

Zip

Country

FL

USA



1st MOORE

CR2E034 (10/04)

4. FEI Number

59-3664064

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

**CHAVEZ, ADRIANA
545 RED MANGROVE LN
APOLLO BEACH FL 33572**

Name

Street Address (P.O. Box Number is Not Acceptable)

319 Suite A, US Hwy 41 N

City

Ruskin

FL

Zip Code

33570

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

Make Check Payable to Florida Department of State

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	D	<input type="checkbox"/> Delete
NAME	CHAVEZ, ADRIANA	
STREET ADDRESS	534 RED MANGROVE LANE	
CITY - ST - ZIP	APOLLO BEACH FL 33572	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/4/05 813-649-1620