


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P0000102721 1. Entity Name FLATS BAY & PASS, CO.	
---	--

Principal Place of Business 2151 MAIN STREET SUITE 201 SARASOTA FL 34237	Mailing Address 2151 MAIN STREET SUITE 201 SARASOTA FL 34237
--	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	
City & State	City & State	
Zip Country	Zip Country	



6. Name and Address of Current Registered Agent BYRD, DEREK 2151 MAIN STREET SUITE 201 SARASOTA FL 34237	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City FL Zip Code _____
---	---

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
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 BYRD, DEREK ESQ STREET ADDRESS 100 WALLACE AVENUE STE 250 CITY-ST-ZIP SARASOTA FL 34237	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add	NAME STREET ADDRESS CITY-ST-ZIP U00000011742 01/23/04-80048-022 150.00
TITLE D <input type="checkbox"/> Delete	NAME HILTON, RYAN STREET ADDRESS 473 PARTRIDGE CIRCLE CITY-ST-ZIP SARASOTA FL 34236	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE D <input type="checkbox"/> Delete	NAME SEACE, ERIC STREET ADDRESS 3354 PLANTATION PLACE CITY-ST-ZIP SARASOTA FL 34231	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1/20/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #