

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000077014

1. Entity Name
NAPLES BAY GROUP, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN 30 PM 3:57

Principal Place of Business
2340 STANFORD COURT
NAPLES, FL 34112

Mailing Address
2340 STANFORD COURT
NAPLES, FL 34112



2. Principal Place of Business
625 Eagle Creek Drive
Suite, Apt. #, etc.

3. Mailing Address
625 Eagle Creek Drive
Suite, Apt. #, etc.

10152004 Chg-P CR2E034 (10/03)

City & State
Naples Florida

City & State
Naples Florida

Zip
34113

Country
USA

Zip
34113

Country
USA

4. FEI Number
59-3738250

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HASH, JOHN R
625 EAGLE CREEK DRIVE
NAPLES, FL 34113

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 _____ (NOTE: Registered Agent signature required when registering) 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		<input type="checkbox"/> Delete
TITLE	VSD	<input type="checkbox"/> Delete
NAME	HASH, JOHN	
STREET ADDRESS	625 EAGLE CREEK DR	
CITY-ST-ZIP	NAPLES, FL 34113	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	P/S/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	John Hash		
STREET ADDRESS	625 Eagle Creek Drive		
CITY-ST-ZIP	Naples, FL 34113		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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

01/05/04
Date

04/30/04
Filing Date

6/30/04