


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-30-2004 90336 028 ***150.00

DOCUMENT # P01000087303	
1. Entity Name CADDY'S OF ST. PETE BEACH, INC.	

Principal Place of Business 3637 FOURTH STREET NORTH SUITE 230 ST PETERSBURG, FL 33704	Mailing Address 3637 FOURTH STREET NORTH SUITE 230 ST PETERSBURG, FL 33704 FL
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2. Principal Place of Business 9000 W GULF BLVD Suite, Apt. #, etc.	3. Mailing Address 9000 W GULF BLVD Suite, Apt. #, etc.
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City & State TREASURE ISLAND FL	City & State TREASURE ISLAND FL
Zip 33706	Country PINELLAS
Zip 33706	Country PINELLAS



04292004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent KELLEY, JAMES R 3637 FOURTH STREET NORTH SUITE 230 ST. PETERSBURG, FL 33704		7. Name and Address of New Registered Agent Name ANTHONY AMICO JR Street Address (P.O. Box Number is Not Acceptable) 9200 W GULF BLVD City TREASURE ISLAND 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 _____ (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. <input type="checkbox"/> \$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	D BODZIAK, JOHN 3637 4TH ST. STE. 230 SAINT-PETERSBURG, FL 33704 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ANTHONY AMICO JR 9200 W GULF BLVD TREASURE ISLAND FL 33706 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

 ANTHONY AMICO

4/29/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #