

**2004 FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 18, 2004 8:00 am
Secretary of State

07-29-2004 90013 044 ***150.00

DOCUMENT # P02000026499

1. Entity Name

BAY MARINA COMPANY INCORPORATED.



Principal Place of Business

**119 N CHURCH STREET
PANAMA CITY FL 32401-4948**

Mailing Address

**119 N CHURCH STREET
PANAMA CITY FL 32401-4948**

66432156



MOORE

CR2E034 (4/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

01-0604728

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SHERMAN, JEFF
119 N CHURCH STREET
PANAMA CITY FL 32401-4948**

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

Jeff Sherman **JEFF SHERMAN**

10 AUG 2004

Signature, typed or printed name of registered agent and fee is applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607, 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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	SHERMAN, JEFF	
STREET ADDRESS	119 N CHURCH STREET	
CITY- ST- ZIP	PANAMA CITY FL 32401-4948	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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:

Jeff Sherman **JEFF SHERMAN**

10 AUG 2004

Date

Daytime Phone #

**850
785
6471**