

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90028 015 \*\*\*150.00

**DOCUMENT # P02000036017**

1. Entity Name

MYSTIC BAY MOTORS, INC.



Principal Place of Business

902E BOUNT ST.  
SUITE 13  
PENSACOLA FL 32503

Mailing Address

3321 VILLAGE GREEN DRIVE  
PACE FL 32571

2. Principal Place of Business

3. Mailing Address

3460 BARRACAS AVE  
Suite, Apt. #, etc.

3460 BARRACAS AVE  
Suite, Apt. #, etc.

City & State

PENSACOLA, FL

City & State

PENSACOLA, FL

Zip

32507

Country

USA

Zip

32507

Country

USA

4. FEI Number

01-0660230

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MINOR, BARBARA  
3321 VILLAGE GREEN DR.  
PACE FL 32571

7. Name and Address of New Registered Agent

Name

NANCY MATAIAZZO

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

3460 BARRACAS AVE

City

PENSACOLA

FL

Zip Code

32507

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

TITLE P ☐ Delete  
NAME SCOTT, THOMAS B JR  
STREET ADDRESS 3321 VILLAGE GREEN DR.  
CITY-ST-ZIP PACE FL 32571

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 #

Attachment  
ID# PD2000036017  
94012936

Dear Sir/Madam

We are getting double mailings our correct address is:


Mystic Bay Motors, Inc  
3460 Barrancas Ave  
Pensacola, Fl 32507  
850-453-8808

Any questions please contact me

Nancy Matarazzo  
Office Manager  
Mystic Bay Motors

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

*Attachment  
94012936*

|   |                                   |                     |  |   |  |
|---|-----------------------------------|---------------------|--|---|--|
| <b>DOCUMENT # P02000036017</b><br>1. Entity Name<br><b>MYSTIC BAY MOTORS, INC.</b>  |                                   |                     |  |  |  |
| Principal Place of Business<br><b>902E BOUNT ST.<br/>SUITE 13<br/>PENSACOLA FL 32503</b>  |                                   |                     | Mailing Address<br><b>3321 VILLAGE GREEN DRIVE<br/>PACE FL 32571</b>   |   |  |
| 2. Principal Place of Business  |                                   | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.   |                                   | Suite, Apt. #, etc. |  |   |  |
| City & State  |                                   | City & State        |  |   |  |
| Zip   | Country                           | Zip                 | Country  |   |  |
| 6. Name and Address of Current Registered Agent   |                                   |                     | 7. Name and Address of New Registered Agent  |   |  |
| <b>MINOR, BARBARA<br/>3321 VILLAGE GREEN DR.<br/>PACE FL 32571</b>  |                                   |                     | Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>_____<br>City _____ <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |                                   |                     |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |                                   |                     | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees    |   |  |
| 10. OFFICERS AND DIRECTORS  |                                   |                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |
| TITLE   | P <input type="checkbox"/> Delete |                     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  | <b>SCOTT, THOMAS B JR</b>         |                     | NAME   |   |  |
| STREET ADDRESS  | <b>3321 VILLAGE GREEN DR.</b>     |                     | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | <b>PACE FL 32571</b>              |                     | CITY-ST-ZIP  |   |  |
| TITLE   | <input type="checkbox"/> Delete   |                     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  |                                   |                     | NAME   |   |  |
| STREET ADDRESS  |                                   |                     | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   |                                   |                     | CITY-ST-ZIP  |   |  |
| TITLE   | <input type="checkbox"/> Delete   |                     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  |                                   |                     | NAME   |   |  |
| STREET ADDRESS  |                                   |                     | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   |                                   |                     | CITY-ST-ZIP  |   |  |
| TITLE   | <input type="checkbox"/> Delete   |                     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  |                                   |                     | NAME   |   |  |
| STREET ADDRESS  |                                   |                     | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   |                                   |                     | CITY-ST-ZIP  |   |  |
| TITLE   | <input type="checkbox"/> Delete   |                     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  |                                   |                     | NAME   |   |  |
| STREET ADDRESS  |                                   |                     | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   |                                   |                     | 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. |                                   |                     |  |   |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                                   |                     |  |   |  |
|   |                                   |                     |  | <small>Date</small> _____   |  |
|   |                                   |                     |  | <small>Daytime Phone #</small> _____  |  |