


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90401 010 ***150.00

DOCUMENT # P02000050287	
1. Entity Name JAMES BAY INC	

Principal Place of Business 217 VIA DESTE SUITE 1810 DELRAY BEACH FL 33445 US	Mailing Address 217 VIA DESTE SUITE 1810 DELRAY BEACH FL 33445 US
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2. Principal Place of Business 4404 Regal Court Suite, Apt. #, etc.	3. Mailing Address 4404 Regal Ct Suite, Apt. #, etc.
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City & State Delray Beach, FL	City & State Delray Beach, FL
Zip 33445	Zip 33445
Country USA	Country USA



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent WARD, PHYLLIS A 217 VIA DESTE SUITE 1810 DELRAY BEACH FL 33445		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 Phyllis A. Ward DATE 4/2/04

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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. <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	P WARD, PHYLLIS A 217 VIA DESTE, STE 1810 DELRAY BEACH FL 33445 4404 Regal Court Delray Beach, FL 33445 <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
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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: Phyllis A. Ward 4/2/04 5615736518

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #