


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

08-30-2004 90007 037 ***158.75

DOCUMENT # P03000010671			
1. Entity Name BAY ISLAND GROUP, INC.			
Principal Place of Business 5008 W. LINEBAUGH AVENUE, SUITE NO 16 TAMPA FL 33624		Mailing Address 5008 W. LINEBAUGH AVENUE, SUITE NO 16 TAMPA FL 33624	
2. Principal Place of Business 614 TOLEDO ROAD Suite, Apt. #, etc.		3. Mailing Address 614 TOLEDO ROAD Suite, Apt. #, etc.	
City & State NORTH PORT FL		City & State NORTH PORT FL	
Zip 34287	Country SARASOTA	Zip 34287	Country SARASOTA
6. Name and Address of Current Registered Agent HASELOFF, HANS J 5008 W. LINEBAUGH AVENUE NO 16 TAMPA FL 33624		7. Name and Address of New Registered Agent Name HASELOFF, HANS J. Street Address (P.O. Box Number is Not Acceptable) 614 TOLEDO ROAD City NORTH PORT FL Zip Code 34287	
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 Hans J. Haseloff / HANS J. HASELOFF DATE 8/25/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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. <input checked="" type="checkbox"/>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR HASELOFF, HANS J 5008 W. LINEBAUGH AVENUE, SUITE NO 1 TAMPA FL 33624 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR / CEO HASELOFF, HANS J. 614 TOLEDO ROAD NORTH PORT FL 34287 <input checked="" 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	DIR. / CFO SIGRID HASELOFF 614 TOLEDO ROAD NORTH PORT FL 34287 <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	DIR / PETER J. HASELOFF 3137 TEAL EDRAGE SAFETY HARBOR FL 34695 <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	DIR / CONNIE V. FARRELL 5303 WINDY BUSH DRIVE TAMPA, FL 33625 <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



MOORE CR2E034 (4/04)

4. FEI Number **270044315** Applied For ☐ Not Applicable ☐

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

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: **Hans J. Haseloff**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/04 **941-429-8104**
Date Daytime Phone #