
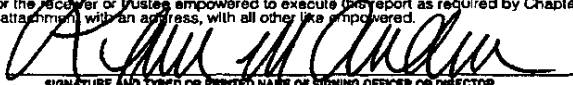


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 01, 2004 8:00 am
Secretary of State

05-04-2004 90143 037 ***150.00

DOCUMENT # P03000053491 1. Entity Name GULF BAY PHARMACY, INC.					
Principal Place of Business 1144 TALLEVAST ROAD UNIT 105 SARASOTA, FL 34243			Mailing Address 1144 TALLEVAST ROAD UNIT 105 SARASOTA, FL 34243		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 57-1167299			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ANDERSON, LYNN M 1144 TALLEVAST ROAD UNIT 105 SARASOTA, FL 34243			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. ANDERSON, LYNN M <input type="checkbox"/> Delete 1144 TALLEVAST ROAD UNIT 105 SARASOTA, FL 34243		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HEIDEL, JANICE P <input type="checkbox"/> Delete 1144 TALLEVAST ROAD UNIT 105 SARASOTA, FL 34243		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CUMMINGS, FRANK <input type="checkbox"/> Delete 1144 TALLEVAST ROAD UNIT 105 SARASOTA, FL 34243		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOS HORVATH, TIM <input type="checkbox"/> Delete 1144 TALLEVAST ROAD UNIT 105 SARASOTA, FL 34243		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. SHARP, LORI A <input checked="" type="checkbox"/> Delete 1144 TALLEVAST ROAD UNIT 105 SARASOTA, FL 34243		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Dunkle, Matthew J <input checked="" type="checkbox"/> Addition 1144 TALLEVAST Rd; UNIT 105 SARASOTA, FL 34243	
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: 			4/26/04 (941) 373-1373		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

66425258



01072004 Chg-P CR2E034 (10/03)