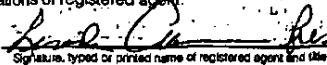
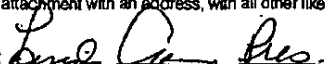


FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90006 032 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000156079			
1. Entity Name ENGLEWOOD BAY MOTEL & APTS, INC.			
Principal Place of Business 69 BAY ST ENGLEWOOD, FL 34223		Mailing Address 69 BAY ST ENGLEWOOD, FL 34223	
2. Principal Place of Business 69 Bay Street Suite, Apt. #, etc. N/A City & State Englewood, FL Zip 34223 Country USA		3. Mailing Address 69 Bay Street Suite, Apt. #, etc. N/A City & State Englewood, FL Zip 34223 Country USA	
01212004		Chg-P CR2E034 (10/03)	
4. FEI Number		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRIPPI, JOSEPH 69 BAY ST ENGLEWOOD, FL 34223		7. Name and Address of New Registered Agent Name Linda Constant Street Address (P.O. Box Number is Not Acceptable) 69 Bay Street City Englewood FL Zip Code 34223	
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  Linda Constant DATE 2/12/04 (NOTE: Registered Agent signature required when terminating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP D GRIPPI, JOSEPH 69 BAY ST ENGLEWOOD, FL 34223		TITLE NAME STREET ADDRESS CITY-ST-ZIP Joseph Grippi Director ☒ Change ☐ Addition 69 Bay Street Englewood, FL 34223	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ 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:  Linda Constant		(941) 475-1769	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	