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	Mailing Address
69 BAY ST ENGLEWOOD, FL 34223	69 BAY ST ENGLEWOOD, FL 34223

01212004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
69 Bay Street		69 Bay Street	
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A	
City & State Englewood, FL		City & State Englewood, FL	
Zip 34223	Country USA	Zip 34223	Country USA

4. FEI Number — XX 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 [signature] Res. Dir. Linda Constant 2/12/04
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

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	D	TITLE	Joseph Grippi Director ☒ Change ☐ Addition
NAME	GRIPPI, JOSEPH	NAME	69 Bay Street
STREET ADDRESS	69 BAY ST	STREET ADDRESS	Englewood, FL 34223
CITY-ST-ZIP	ENGLEWOOD, FL 34223	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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.

SIGNATURE: [signature] Pres. Linda Constant (941) 475-1769
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #