

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


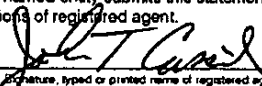
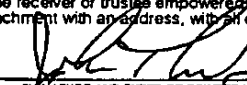
**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90038 040 \*\*\*150.00

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1st MOORE CR2E034 (10/04)

<b>DOCUMENT # P04000051982</b>			
1. Entity Name <b>NAUTICA BAY REALTY, INC.</b>		Principal Place of Business <b>927 PARRISH DR MINNEOLA FL 34715</b>	
Mailing Address <b>927 PARRISH DR MINNEOLA FL 34715</b>		2. Principal Place of Business <b>827 W. MONTROSE ST.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>CLERMONT, FL.</b>		City & State	
Zip <b>34711</b>	Country <b>USA</b>	Zip	Country
4. FEI Number <b>20-0927281</b>		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 <b>CASSIDY, JOHN T 927 PARRISH DR CLERMONT FL 34711</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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  <b>John T. Cassidy - President</b> 1-26-05 (NOTE: Registered Agent signature required when reissuing) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CASSIDY, JOHN T 927 PARRISH DR MINNEOLA FL 34715 <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 an other like empowered.			
SIGNATURE:  <b>John T. Cassidy</b> 1-26-05 352-636-6670		Date Daytime Phone #	