


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90036 005 ***150.00

DOCUMENT # P04000051982		
1. Entity Name NAUTICA BAY REALTY, INC.		

Principal Place of Business 827 W. MONTROSE ST CLERMONT, FL 34711	Mailing Address 927 PARRISH DR MINNEOLA, FL 34715
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2. Principal Place of Business 927 PARRISH DR.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Minneola, FL.	City & State
Zip 34715	Country USA



02142006 Chg-P CR2E034 (11/05)

4. FEI Number 20-0927281	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 CASSIDY, JOHN T 927 PARRISH DR CLERMONT, FL 34711	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: John T. Cassidy - John T. Cassidy - President DATE: 2-14-2006

Signature, typed or printed name of registered agent is not applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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
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
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: John T. Cassidy - John T. Cassidy - President DATE: 2-14-2006 Daytime Phone #: 352-241-4740

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR