


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90313 038 ***150.00

DOCUMENT # P04000100681

1. Entity Name
CORIN BAY REAL ESTATE MARKETING AND SALES, INC.



Principal Place of Business Mailing Address
1720 FOSSIL DR **1720 FOSSIL DR**
ENGLEWOOD, FL 34223 **ENGLEWOOD, FL 34223**

50044013

2. Principal Place of Business 3. Mailing Address
2051 Englewood Rd. **2051 Englewood Rd.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



04222005 Chg-P CR2E034 (10/03)

City & State City & State
Englewood FL **Englewood, FL**
 Zip Country Zip Country
34223 **USA** **34223** **USA**

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
PHELPS, JONATHON E
1720 FOSSIL DR
ENGLEWOOD, FL 34223

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: *J. Phelps* DATE: **4-22-05**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	PSTD PHELPS, JONATHON E 1720 FOSSIL DR ENGLEWOOD, FL 34223 <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 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: *J. Phelps* **JONATHON E. PHELPS** DATE: **4-22-05** DAYTIME PHONE #: **941-475-3221**
Signature and typed or printed name of signing officer or director