

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000112709

Entity Name: GULF BAY SOD CORPORATION

FILED  
Jan 10, 2007  
Secretary of State

## Current Principal Place of Business:

PO BOX 15794  
TAMPA, FL 33684

## New Principal Place of Business:

2904 SITKA  
TAMPA, FL 33614 US

## Current Mailing Address:

PO BOX 15794  
TAMPA, FL 33684

## New Mailing Address:

FEI Number: 61-1474356      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEAL, PEDRO J  
2904 W SITKA STREET  
TAMPA, FL 33614 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LEAL, PEDRO J  
Address: 2904 W SITKA STREET  
City-St-Zip: TAMPA, FL 33614

Title: ST ( ) Delete  
Name: LEAL, RAIMUNDO  
Address: PO BOX 15794  
City-St-Zip: TAMPA, FL 33684

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PEDRO J LEAL

P

01/10/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date