


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90141 039 ***150.00

DOCUMENT # P04000118806					
1. Entity Name SRQ BAY, INC					
Principal Place of Business 7442 N TAMiami TRAIL SARASOTA, FL 34243			Mailing Address 1505 BAYVIEW DRIVE SARASOTA, FL 34239		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>16528 N. Dale Mabry Hwy</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <i>Tampa, Florida</i>		4. FEI Number 20-1497673	
Zip		Country <i>U.S.</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LISZEWSKI, STACY K 7442 N TAMiami TRAIL SARASOTA, FL 34239		7. Name and Address of New Registered Agent Name <i>Walter S. Sanders</i> Street Address (P.O. Box Number is Not Acceptable) <i>16528 N. Dale Mabry Hwy</i> City <i>Tampa</i> FL Zip Code <i>33618</i>			
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 <i>Walter Sanders</i> <i>Walter Sanders</i> <i>4/29/08</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <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	P LISZEWSKI, STACY K 7442 N TAMiami TRAIL SARASOTA, FL 34243	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LISZEWSKI, KENNETH 7442 N TAMiami TRAIL SARASOTA, FL 34243	<input type="checkbox"/> Delete			
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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: <i>Stacy Liszewski</i> <i>Stacy Liszewski</i> <i>4/29/08</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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04292008 Chg-P CR2E034 (12/06)

Applied For
Not Applicable