## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## **Secretary of State** DOCUMENT # P04000167942 02-07-2005 90056 003 \*\*\*150.00 CARR BAY REALTY, INC. Principal Place of Business Mailing Address **AUDTOOOD** 16502 N. DALE MABRY 16502 N. DALE MABRY TAMPA, FL 33618 **TAMPA, FL 33618** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02042005 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For City & State 20-2151522 Not Applicable Zip Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPRAGUE, PATRICK F. Street Address (P.O. Box Number is Not Acceptable) 1904 E. BUSCH BLVD. TAMPA, FL 33612 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPST Delete TITLE MLE X Change □ Addition CARR, MARGILEE NAME Margilee L. Carr 931 Guisando de Avila STREET ADDRESS 931 GUISANDO DE AVILA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 33613 Tampa, FL 33613 Delete Change Addition TOTALE TITLE **VPT** NAME David L. Carr II 16502 N. Dale Mabry Hwy. STREET ADDRESS STREET ADDRESS Tampa, FL 33618 CITY-ST-7IP CITY-ST-ZIP S Mazzie -☐ Delete ☐ Change X Addition TITLE TITLE NAME \_ NAME. STREET ADDRESS STREET ADDRESS 16502 N. Dale Mabry Hwy. CITY-ST-ZIP CITY-ST-ZIP Tampa, FL 33618 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Oelete Change . Addition TITLE MILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete 1m £ ■ Addition NAME 1 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eport 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 prostee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

PASSINGUT David L Carr II

FILED

Feb 07, 2005 8:00 am