2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 02, 2005 8:00 am Secretary of State

DOCUMENT # P04000170725 1. Entity Name INLAND BAY FOODS, INC.						08-02-2005 90034 038 ***150.00					
Principal Place of Business Mailing Address					<u> </u>	†	r n	05091	9		
8420 FENWICK AVE. TAMPA, FL 33647			8420 FENWICK AVE. TAMPA, FL 33647			50059312					
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apr. #, etc.			07142005	Chg-P	CR2E034	(10/03)	•	
City & State			City & State			4. FEI Numbe	-2352	524		plied For t Applicable	
Zip			Zip	Cour	itry	T	of Status Desired	□ \$8	3.75 Add e Required		
	6. Name and	Address of Current F	Registered Agent		Money	7. Name and	Address of New R	legistered Age	ent		
DUNLEAVY, BRIAN					Name						
8420 FENWICK AVE. TAMPA, FL 33647			Street Address			(P.O. Box Numbe	(P.O. Box Number is Net Acceptable)				
					City	City FL Zip Code					
8. The above the obligation SIGNATURE _	named entity sub- tions of registered	mits this statement for agent.	the purpose of changing it				n, in the State of Flo	7/28/0	niliar with, i	and accept	
	SignSture, typed or print	ed name or registered agent a	nd title it applicable(NO	TE: Registera	d Agent signature require	id when reinstaling)		DATE			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 9. Election Campaign Finar Trust Fund Contribution.											
						ded to Fees	In accordance v corporation did	with s. 607.19 not receive th	93(2)(b), l he prior n	F.S., the lotice.	
10.	ue by Septem		Trust Fund Cor			ded to Fees	In accordance v corporation did CHANGES TO OFF	not receive the	he prior n	otice.	
		OFFICERS AND DEFINANT OF STRIAN K AVE.	Trust Fund Cor	11. ITE NAM SIR	[] Åd	ded to Fees	corporation did	not receive the	he prior n	otice.	
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DP DUNLEAVY, B 8420 FENWIC TAMPA, FL 3: ST CROFTON, D/ 10243 SHADO	OFFICERS AND DEFINE AN	Trust Fund Cor	TITE NAM SIR CITY TITE NAM SIR SIR SIR SIR SIR	E E E E E E E E E E E E E E E E E E E	ded to Fees	corporation did	not receive the	he prior n	SIN 11	
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of the corporation or the receiver or trustee empowered to execute his 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR