

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # P05000036656

1. Entity Name
BOCA CIEGA BAY DEVELOPMENT CORPORATION



Principal Place of Business
**597 COREY AVENUE
ST. PETE BEACH, FL 33706**

Mailing Address
**597 COREY AVENUE
ST. PETE BEACH, FL 33706**



03112008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-2310741

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DOUGLASS, ROBERT A
597 COREY AVENUE
ST. PETE BEACH, FL 33706**

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DOUGLASS, ROBERT A
STREET ADDRESS 597 COREY AVENUE
CITY-ST-ZIP ST. PETE BEACH, FL 33706

TITLE VD
NAME CLARK, ROBERT P
STREET ADDRESS 3901 13TH WAY NE
CITY-ST-ZIP ST. PETERSBURG, FL 33703

TITLE GD
NAME WADSWORTH, LON C
STREET ADDRESS 597 COREY AVENUE
CITY-ST-ZIP ST. PETE BEACH, FL 33706

TITLE TD
NAME E. RALPH CRAWFORD
STREET ADDRESS 563 HAVEN POINT DRIVE
CITY-ST-ZIP TREASURE ISLAND, FL 33706

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000867451
04/08/08-80071-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/08

Date

Daytime Phone #

7273606954