

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000049450

1. Entity Name  
ANNALY BAY CORPORATION



Principal Place of Business  
600 FIFTH AVE. SOUTH  
STE 207  
NAPLES, FL 34102

Mailing Address  
600 FIFTH AVE. SOUTH  
STE 207  
NAPLES, FL 34102

**FILED**  
**Jul 09, 2008 08:00 AM**  
**Secretary of State**



03192008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-4971343

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BRUGGER, JOHN ESQ.  
600 5TH AVENUE SOUTH  
SUITE 207  
NAPLES, FL 34102

**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**

U000000953743  
07/09/08-80003-022 550.00

10. OFFICERS AND DIRECTORS

TITLE	VSD
NAME	KELLOW, KEVIN
STREET ADDRESS	1299 OCEAN AVE. STE 900
CITY-ST-ZIP	SANTA MONICA, GA 90401
TITLE	PTD
NAME	KELLOW, KEVIN
STREET ADDRESS	1299 OCEAN AVE, STE 900
CITY-ST-ZIP	SANTA MONICA, CA 90401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 employees.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Kevin C. Kellow* 7.8.08 451.3700