

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000028251

1. Entity Name
EAST BAY EXECUTIVE GOLF COURSE, INC.



Principal Place of Business
**702 COUNTRY CLUB DR.
LARGO, FL 34641**

Mailing Address
**22725 GREHTER MACK
ST CLAIRSHORES, MI 48080 US**



04212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3192421

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ORR, BRUCE
303 OCALA RD.
BELLEAIR, FL 33756**

**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 file if applicable. (NOTE: Registered Agent signature required when rehiring) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	WALLRICH, WAYNE T
STREET ADDRESS	22725 MACK AVE.
CITY-ST-ZIP	ST. CLAIR SHORES, MI 48080
TITLE	DVST
NAME	CUBBA, PETER
STREET ADDRESS	22725 MACK AVE.
CITY-ST-ZIP	ST. CLAIR SHORES, MI 48080
TITLE	V
NAME	ORR, BRUCE
STREET ADDRESS	303 OCALA DRIVE
CITY-ST-ZIP	BELLEAIR, FL 33756
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/26/04-80147-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Wayne T. Wallrich*
WAYNE T. WALLRICH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04 **3133430499**
Date Daytime Phone #