


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90288 017 \*\*\*158.75

**DOCUMENT # P93000084791**

1. Entity Name  
**GULF BAY ENTERTAINMENT, INC.**



Principal Place of Business      Mailing Address

**3200 TAMIAMI TRL N.  
 SUITE 200  
 NAPLES, FL 34103    US**

**3200 TAMIAMI TRL N.  
 SUITE 200  
 NAPLES, FL 34103    US**

**14011877**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

01082004    Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For

**65-0476461**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WOODWARD, MARK J  
 3200 TAMIAMI NORTH  
 SUITE 200  
 NAPLES, FL 34103**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<input checked="" type="checkbox"/> Delete
NAME	WOODWARD, MARK J	
STREET ADDRESS	3200 TAMIAMI TRL N. STE. #200	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FERRAO, VASCO	
STREET ADDRESS	3470 CLUB CENTER BLVD	
CITY-ST-ZIP	NAPLES, FL 34114	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FERRAO, TERESA	
STREET ADDRESS	3470 CLUB CENTER BLVD	
CITY-ST-ZIP	NAPLES, FL 34114	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ferrao, Aubrey J.	
STREET ADDRESS	3470 Club Center Blvd.	
CITY-ST-ZIP	Naples, FL 34114	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Parisi, Joseph Livio	
STREET ADDRESS	3470 Club Center Blvd.	
CITY-ST-ZIP	Naples, FL 34114	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Woodward, Mark J.	
STREET ADDRESS	3470 Club Center Blvd.	
CITY-ST-ZIP	Naples, FL 34114	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DiNardo, Anthony	
STREET ADDRESS	3470 Club Center Boulevard	
CITY-ST-ZIP	Naples	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 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:** \_\_\_\_\_ **4/29/04 (239) 679-6555** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #  
**Mark J. Woodward, Secretary**