## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## Apr 29, 2004 8:00 am Secretary of State 04-29-2004 90288 017 \*\*\*158.75 DOCUMENT # P93000084791 GULF BAY ENTERTAINMENT, INC. 14011877 Principal Place of Business Mailing Address 3200 TAMIAMI TRL N. 3200 TAMIAMI TRL N. SUITE 200 SUITE 200 NAPLES, FL 34103 NAPLES, FL 34103 2. Principal Place of Business 3. Mailing Address Suite Apt. #, etc. Suite, Apt. #, etc. 01082004 Cha-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0476461 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WOODWARD, MARK J Street Address (P.O. Box Number is Not Acceptable) 3200 TAMIAMI NORTH SUITE 200 NAPLES, FL 34103 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PDora TITLE X Delete TITLE Change XIX Addition Ferrao, Aubrey J. WOODWARD, MARK J NAME 3470 Club Center Blvd. STREET ADDRESS STREET ADDRESS 3200 TAMIAMI TRL N. STE.,#200 CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34103 Naples, FL 34114 Change XX Addition TITLE TITLE Delete Parisi, Joseph Livio FERRAO, VASCO NAME NAME STREET ADDRESS 3470 CLUB CENTER BLVD STREET ADDRESS 3470 Club Center Blvd. CITY-ST-ZIP NAPLES, FL 34114 CITY-ST-ZIP Naples, FL 34114 TITLE Delete SDc Change XX Addition NAME FERRAO, TERESA KAME Woodward, Mark J. 3470 CLUB CENTER BLVD STREET ADDRESS STREET ADDRESS 3470 Club Center Blvd. CITY-ST-ZIP NAPLES, FL 34114 CITY-ST-ZIP Naples, FL 34114 ☐ Delete TITLE ☐ Change **Y** Addition NAME MAME DiNardo, Anthony 3470 Club Center Boulevard STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Naples ☐ Change ☐ Addition TITLE ☐ Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME

**FILED** 

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.

STREET ADDRESS

STREET ADDRESS

SIGNATURE:			4/20/04	(237)	679-6555	
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF MARK J. WOODWAY	FFICER OR DIRECTOR d. Secretary _	Date		Daytime Phone #	