

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2008 APR 15 AM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P94000075256

1. Entity Name
GULF BAY MORTGAGE SERVICES, INC.



Principal Place of Business
**3200 TAMiami TRAIL N SUITE 200
NAPLES, FL 34103 US**

Mailing Address
**3200 TAMiami TRAIL N SUITE 200
NAPLES, FL 34103 US**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

03262008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0532189

Applied For
☐ 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 TRAIL N 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 _____
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DINARDO, ANTHONY 8156 FIDDLERS CREEK PARKWAY NAPLES, FL 34114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000123533710 04/15/08--01023--016 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WOODWARD, MARK J 3200 TAMiami TRAIL NORTH, #200 NAPLES, FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 000123533710 04/15/08--01023--022 **192.50
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PARISI, JOSEPH L 8156 FIDDLERS CREEK PARKWAY NAPLES, FL 34114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Joseph Livio Parisi, as Director **3/27/08 (239) 732-9400**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

4/16/08