

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000064768

1. Entity Name
SOUTH BAY TEMPORARIES, INC.



FILED
Apr 21, 2004 08:00 AM
Secretary of State

Principal Place of Business
1420 E FLETCHER
TAMPA, FL 33612 US

Mailing Address
745 FLAMINGO DR
APOLLO BCH., FL 33572 US



03032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0610807

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SAMSON, LESLEY J
745 FLAMINGO DR
APOLLO BEACH, FL 33572

**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 _____ (NOTE: Registered Agent signature required when reinstating) 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

000000123242
04/21/04-80063-005 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PST SAMSON, BARRY 745 FLAMINGO DR. APOLLO BEACH, FL 33572 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: Barry Samson / BARRY SAMSON 4/16/04 813 930 2778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #