


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Sep 09, 2004 08:00 AM
Secretary of State**

DOCUMENT # P96000020819 1. Entity Name BONGO BAY, INC.	
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Principal Place of Business 1 KING STREET A102 ST. AUGUSTINE, FL 32084	Mailing Address 1 KING STREET A102 ST. AUGUSTINE, FL 32084
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DO NOT WRITE IN THIS SPACE



08172004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3363854	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ELLIS, JAMES 1 KING STREET A102 ST. AUGUSTINE, FL 32084	DO NOT WRITE IN THIS SPACE
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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 *James Ellis* **JAMES ELLIS PTD** 8/17/04
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ELLIS, JAMES 653 INTRACOASTAL CIRCLE ST. AUGUSTINE, FL 32095
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ELLIS, DONNA 653 INTRACOASTAL CIRCLE ST. AUGUSTINE, FL 32095
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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09/09/04-80002-014 150.00

**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)(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: *James Ellis* **JAMES ELLIS PTD** 8/17/04 9048102233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #