2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000070849

Title:

Name:

Address: City-St-Zip: --- OLIMBAED DAY MAANIA OEME

(X) Delete

WILSON, JAMES G

CLERMONT, FL 34711

17805 US 192

FILED Apr 12, 2004 Secretary of State

Entity Name: SUMMER BAY MANAGEMENT, INC. **Current Principal Place of Business: New Principal Place of Business:** 25 TOWN CENTER BLVD. SUITE C CLERMONT, FL 34711 **New Mailing Address: Current Mailing Address:** 25 TOWN CENTER BLVD. SUITE C CLERMONT, FL 34711 FEI Number: 59-3404951 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CALDWELL, PAUL M 25 TOWN CENTER BLVD. SUITE C CLERMONT, FL 34711 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition SCOTT, JOE H SR Name: Name: 1065 EXEC PARKWAY STE 300 Address: Address: City-St-Zip: ST LOUIS, MO 63141 City-St-Zip: Title: DVST Title: () Delete () Change () Addition SCOTT, JOE H JR Name: Name: 1065 EXEC PARKWAY STE 300 Address: Address: ST LOUIS, MO 63141 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOE H SCOTT SR DP 04/12/2004

() Change () Addition