


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000031850</b>	
1. Entity Name <b>GULF BAY HOTEL, INC.</b>	

Principal Place of Business <b>3200 TAMiami TRAIL NORTH STE 200 NAPLES, FL 34103 US</b>	Mailing Address <b>3200 TAMiami TRAIL NORTH STE 200 NAPLES, FL 34103 US</b>
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01162008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3440991</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**WOODWARD, MARK J  
3200 TAMiami TRAIL NORTH  
STE 200  
NAPLES, FL 34103**

**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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000899569 04/28/08-80044-013 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD DINARDO, ANTHONY 8156 FIDDLER'S CREEK PARKWAY NAPLES, FL 34114</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD PARISI, JOSEPH LIVIO 8156 FIDDLER'S CREEK PARKWAY NAPLES, FL 34114</b>
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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:**  **3/31/08 (239) 732-9400**  
\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Joseph Livio Parisi, as Director** Date Daytime Phone #