

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000076079

Entity Name: SUNSET BAY INN, INC.

FILED  
Feb 02, 2005  
Secretary of State

## Current Principal Place of Business:

635 BAY STREET NORTHEAST  
SAINT PETERSBURG, FL 33701

## New Principal Place of Business:

## Current Mailing Address:

635 BAY STREET NORTHEAST  
SAINT PETERSBURG, FL 33701

## New Mailing Address:

FEI Number: 59-3465969

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BRUCE, WILLIAM R  
129 11TH AVENUE N.E.  
ST. PETERSBURG, FL 38701 US

## Name and Address of New Registered Agent:

BRUCE, WILLIAM R  
129 11TH AVENUE N.E.  
ST. PETERSBURG, FL 33701 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:

02/02/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BRUCE, WILLIAM R  
Address: 635 BAY STREET NORTHEAST  
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: VSTD ( ) Delete  
Name: BRUCE, MARTHA W  
Address: 635 BAY STREET NORTHEAST  
City-St-Zip: SAINT PETERSBURG, FL 33701

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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.

SIGNATURE: WILLIAM R. BRUCE

PD

02/02/2005

Electronic Signature of Signing Officer or Director

Date