


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90333 034 ***150.00

DOCUMENT # P98000012412 1. Entity Name INTERBAY STABLES, INC.	
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Principal Place of Business C/O STELLA F. THAYER TAMPA, FL 33602	Mailing Address C/O STELLA F. THAYER PO BOX 1531 TAMPA, FL 33601
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2. Principal Place of Business 201 E. Kennedy Boulevard Suite, Apt. #, etc. Suite 1608 City & State Tampa, FL Zip 33602	3. Mailing Address Suite, Apt. #, etc. City & State Country US
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04212005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3498023
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent ALLEN, JULIA M 400 NORTH TAMPA ST, STE 2300 TAMPA, FL 33602	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 201 E. Kennedy Boulevard - Suite 1608 City Tampa FL Zip Code 33602
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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 Julia M. Allen (NOTE: Registered Agent signature required when reinstating) DATE 4/25/05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD THAYER, STELLA F 400 NORTH TAMPA ST, STE 2300 TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	201 E. Kennedy Boulevard - Suite 1608 Tampa, Florida 33602 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Stella F. Thayer DATE 4/25/05 (813) 222-8931
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR