2004 FOR PROFIT CORPORATION

Apr 30, 2004 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P98000071311 04-30-2004 90331 009 ***150.00 1. Entity Name PARK BAY GROUP, INC. Principal Place of Business Mailing Address 1700 MCMULLEN BOOTH RD 1700 MCMULLEN BOOTH RD CLEARWATER, FL 33759 CLEARWATER, FL 33759 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04082004 Chq-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3530972 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PUZZITIELLO, ROSS Street Address (P.O. Box Number is Not Acceptable) 4153 ARLINGTON DR PALM HARBOR, FL 34685 City Zip Code FL 8. The above named entity cubmits 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 ager SIGNATURE (NOTE: Registered Agent signature required when rejectation) Signature: typed or pri ad agent and title if applicable FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10, 11. Pres Change XX Addition XX Delete TITLE TITLE Puzzitiello, Ross A. PUZZITIELLO, RICHARD A NAME NAME 1700 MCMULLEN BOOTH RD STREET ADDRESS 1700 McMullen Booth Rd #C-1 STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33759 CITY-ST-ZIP Clearwater, FL 33759 **VPS** ☐ Delete TITLE ☐ Change Addition TITLE PUZZITIELLO, RICHARD JR. NAME 13370 PROSPECT RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP STRONGSVILLE, OH 44136 Change Addition TITLE Delete TITLE PUZZITIELLO, ROSS A NAME NAME STREET ADDRESS 1700 MCMULLEN BOOTH RD STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33759 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not quality 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 frustee 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TY ED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Daytime Phone #

☐ Addition

Change