## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P98000086909

1. Entity Name
FLORIDA BAY COMMUNITIES, INC.



FILED Jan 31, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

3200 BAILEY LN., STE. 117 NAPLES, FL 34105 3200 BAILEY LN., STE. 117 NAPLES, FL 34105



DO NOT WRITE IN THIS SPACE

01162006 No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3536665

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PASSIDOMO, JOHN 821 5TH AVE. SOUTH, #201 NAPLES, FL 34102

## DO NOT WRITE IN THIS SPACE

, , , , , , , , , , , , , , , , , , , ,			IN THIS SPACE		
The above named entity submits to the obligations of registered agent.		se of changing its registered of	fice or r	egistered agent, or be	oth, in the State of Fforida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name	of registered agent and little it applic	able (NOTE Registered Ager	nt signature	required when reinstaling)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees		\$5.00 May Be Added to Fees	
TITLE D NAME SHEPHERD, NICK STREET ADDRESS 3200 BAILEY LN., S CITY-ST-ZP NAPLES, FL 34105		S			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000403633 02/09/06-80003-014 150.00
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42 I hazabu nartifu that the information	n eventied with this filling d	long and qualify for the exempti		tained in Chanter 11	G Florida Ctatulas I further partitu that the information

142. I recovy ceruly mat the information supplied with this information indicated on this report or supplied statutes. I further certify that the information indicated on this report or supplied and accurate and that my signature shall have the same legal effect as if made under ceth, that I am an officer or director of the corporation or the receiver of 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 by it at address, with all other like empowered.

SIGNATURE:

MOMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23 AN 2004

239.643.6767

Daytime Phone #