


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000088188 1. Entity Name GULF TO BAY SERVICES, INC.	
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FILED
 04 APR 30 PM 2:36
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 9536 BUCK HAVEN TRAIL TALLAHASSEE, FL 32312	Mailing Address 9536 BUCK HAVEN TRAIL TALLAHASSEE, FL 32312
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2. Principal Place of Business 7125 SUMMIT RIDGE DR Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	4. FEI Number 59-3548971
City & State TALLAHASSEE	City & State <i>Same</i>	Applied For <input type="checkbox"/> Not Applicable
Zip 32312	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

04292004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent SHEPLAK, EDWARD 9536 BUCK HAVEN TRAIL TALLAHASSEE, FL 32312	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	PST SHEPLAK, EDWARD P	<input type="checkbox"/> Delete	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 800035552188	
STREET ADDRESS	9536 BUCK HAVEN TRAIL		STREET ADDRESS	05/06/04--01011--004 **150.00	
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 empowerments.

SIGNATURE: *Edward P. Sheplak, President* Date: April 29, 04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR