2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000088188 1. Entity Name GULF TO BAY SERVICES, INC.					·	LED 30 PH 2: 3	36	
Principal Place of Business -9536-BUCK HAVEN TRAIL TALLAHASSEE, FL 32312 Mailing Address -9536-BUCK HAVEN TRAIL TALLAHASSEE, FL 32312				LEBRINERI	a 18151 1810 5510 65111 55	ARY OF STAT SSEE, FLORIL		
2. Principal Place of Business 7/25 SUMMIT RIGGE OR 3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.			0	04292004	Chg-P	CR2E034 (10/	·	
City & State TALAHASSE City & State				4. FEI Numb 59-354			Applied For Not Applicable	
^{Zip} 3 <u>み</u> 3/	Country	Zip	Country		of Status Desired	Fee Rec	Additional quired	
Name and Address of Current Registered Agent Name				7. Name and Address of New Registered Agent				
SHEPLAK, EDWARD 9536 BUCK HAVEN TRAIL TALLAHASSEE, FL 32312				Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip	Code	
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 Signature. typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10.	OFFICERS AND		11.			FICERS AND DIREC		
TITLE NAME	PST SHEPLAK, EDWARD P	☐ Delete	TITLE NAME	80	000359	552188	nge 🔲 Addition	
STREET ADDRESS CITY-ST-ZIP	9536 BUCK HAVEN TRAIL TALLAHASSEE, FL 32312		STREET ADDRESS CITY-ST-ZIP	U5/U6	/0401011	UU4 **1;	50.00 	
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TITLE NAME STREET ADDRESS		□ Delete	TITLE NAME STREET ADDRESS			☐ Cha	nge 🔲 Addition	
CITY-ST-ZIP	- M. Al-A Al- (Africa) - C 1: 1 20	ship filing dage not gunlife for	CITY-ST-ZIP	Section 119 07/2	(i) Florido Statutan	I further continues	the information	
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.								
SIGNAT	, or on an attachment with an address,	with all other like empowered.	march A	(DL	1/20	nd		