2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P98000092148

1. Entity Name

FLORIDA BAY GROUP, INC.

Principal Place of Business

SIGNATURE:



FILED Apr 30, 2004 8:00 am Secretary of State

04-30-2004 90258 037 ***150.00

3200 BAILEY LN., STE. 117 NAPLES FL 34105 3200 BAILEY LN., STE. 117 NAPLES FL 34105							Liperiteri kin jairi iriii rayki bank bank bank bank iriib kirbi kesi exadi kesed kesedi kesedi kesedi kesedi		
2. Principal P	Place of Busin	ess	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.					MOORE CR2E034 (11/03)	
City & State	e		City & State				4.	4. FEI Number 59-3540268 Applied For Not Applicable	
Zip	Zip Country			Zip Co		try	5.	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent			
PASSIDOMO, JOHN 821 5TH AVE S. # 201 NAPLES FL 34102						Name 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 Make Check Payable to Florida Department of State						origini signatu	o regalica vilo	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.		OFFICERS AND	DIRECTOR	RS	11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEPHERD, NICK 3200 BAILEY LN., STE. 117 NAPLES FL 34105		☐ Delete	NAM STRE	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
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12. I hereby of indicated of the corchanged	certify that the fon this repor rporation or th , or on an atta	e information supplied wit rt or supplemental report i ne receiver or trustee emp achment with an address,	h this filing s true and a nowed and to with all oth	does not qualify for accurate and that m execute this report a er like empowered.	the exe y signa as requi	mption state ture shall ha ired by Cha	ed in Sectio ave the sam oter 607, Flo	on 119.07(3)(i), Florida Statutes. I further certify that the information me legal effect as if made under oath; that I am an officer or director florida Statutes; and that my name appears in Block 10 or Block 11 if	