2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 19, 2005 08:00 AM DOCUMENT # P98000093694 **Secretary of State** 1. Entity Name FLORIDA BAY COMPANIES, INC. Mailing Address Principal Place of Business 3200 BAILEY LN., STE. 117 3200 BAILEY LN., STE, 117 NAPLES, FL 34105 NAPLES, FL 34105 No Chg-P CR2E034 (10/03) 01102005 DO NOT WRITE IN THIS SPACE Applied For 4, FEI Number Not Applicable 65-0876134 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE PASSIDOMO, JOHN 821 5TH AVE S #201 NAPLES, FL 34102 IN THIS SPACE 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. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. Ð TITLE SHEPHERD, NICK NAME 1000000185670 3200 BAILEY LN., STE. 117 STREET ADDRESS 01/21/05-80025-002 150.00 CITY-ST-ZIP NAPLES, FL 34105 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-\$T-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 of Gascurate 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 a property of the compowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-05

239-643-6767

FILED

Daytime Phone #