


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000015601 1. Entity Name RED BAY PARTNERS, INC.	
--	---

Principal Place of Business 117 RED BAY DRIVE LONGWOOD, FL 32779 US	Mailing Address 117 RED BAY DRIVE LONGWOOD, FL 32779 US
---	---



04102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3561262	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TATICH, PHILIP 341 N MAITLAND AVE SUITE 340 MAITLAND, FL 32751
--

DO NOT WRITE 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.

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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MORSE, WILLIAM 117 RED BAY DRIVE LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MORSE, ROBERT W 117 RED BAY DRIVE LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MORSE, DAVID S 117 RED BAY DRIVE LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000300584 04/12/05-80025-025 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
--

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE:  **DAVID D MORSE** 4/10/05 407-661-1128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #