


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90060 035 ***150.00

DOCUMENT # P99000039415					
1. Entity Name THE OAKS BY THE BAY DEVELOPMENT COMPANY, INC.					
Principal Place of Business 92 CHANTECLAIRE CIRCLE GULF BREEZE, FL 32561		Mailing Address 10 Gilmore Dr. 92 CHANTECLAIRE CIRCLE GULF BREEZE, FL 32561		P.O. Box 913 32562	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3573518	
				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			7. Name and Address of New Registered Agent		
MOORHEAD, STEPHEN R 4300 BAYOU BLVD., STE. 12 & 13 PENSACOLA, FL 32503			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRAY, ED III	NAME	10 Gilmore Dr.		
STREET ADDRESS	92 CHANTECLAIRE CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	GULF BREEZE, FL 32561	CITY-ST-ZIP			
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARR, JOHN S	NAME			
STREET ADDRESS	17 W CEDAR ST	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32501	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRAY, SARAH S	NAME	118 Baybridge		
STREET ADDRESS	16 HIGHPOINT DR	STREET ADDRESS			
CITY-ST-ZIP	GULF BREEZE, FL 32561	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RICH, RODNEY	NAME			
STREET ADDRESS	1 BEACH DR	STREET ADDRESS			
CITY-ST-ZIP	GULF BREEZE, FL 32561	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NICKELSEN, ERIC J	NAME			
STREET ADDRESS	17 W CEDAR ST	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32501	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HARIT, EVELYN	NAME	Sharit, Evelyn		
STREET ADDRESS	807 BAY CLIFFS RD.	STREET ADDRESS	807 Bay Cliffs Rd.		
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561	CITY-ST-ZIP	Gulf Breeze, FL 32561		
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.					
SIGNATURE: <i>Ed Gray III</i>		ED GRAY III President		Date: 3/13/04 850-916-5420	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	