
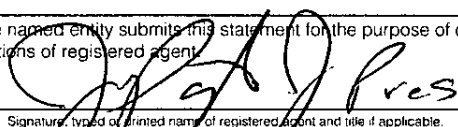
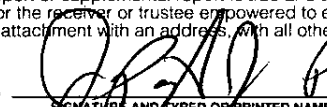


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90039 016 \*\*\*150.00

<b>DOCUMENT # P99000047079</b> 1. Entity Name <b>ST. JAMES BAY, INC.</b>					
Principal Place of Business <b>809 HIGHPOINT DR. PORT ORANGE FL 32127</b>				Mailing Address <b>809 HIGHPOINT DR. PORT ORANGE FL 32127</b>	
2. Principal Place of Business <b>794 Sanders Rd</b>		3. Mailing Address <b>794 Sanders Rd</b>			
Suite, Apt. #, etc. <b>Suite 1</b>		Suite, Apt. #, etc. <b>Suite 1</b>			
City & State <b>Port Orange, FL</b>		City & State <b>Port Orange FL</b>			
Zip <b>32127</b>		Country <b>US</b>		Zip <b>32129</b>	
Country <b>US</b>		Country <b>US</b>			
6. Name and Address of Current Registered Agent  <b>PAYTAS, JAMES W JR. 809 HIGHPOINT DR. PORT ORANGE FL 32127</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>794 Sanders Rd Suite 1</b> City <b>Port Orange</b> <b>FL</b> Zip Code <b>32127</b>	
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  Pres DATE <b>2-19-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PANTAS, JAMES W JR</b> <b>809 HIGHPOINT DRIVE</b> <b>PORT ORANGE FL 32127</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PANTAS, JAMES W JR</b> <b>794 Sanders Rd Suite 1</b> <b>Port Orange FL 32127</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>PANTAS, JAMES SR</b> <b>5995 SEMINOLE WOODS DRIVE</b> <b>DAYTONA BEACH FL 32127</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>PANTAS, JAMES SR</b> <b>PORT ORANGE, FL 32127</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  Pres			Date <b>2-19-04</b> Daytime Phone # <b>386-756-0439</b>		