


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

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

**DOCUMENT # P99000047079**

1. Entity Name  
**ST. JAMES BAY, INC.**



Principal Place of Business      Mailing Address

**809 HIGHPOINT DR.  
 PORT ORANGE FL 32127**      **809 HIGHPOINT DR.  
 PORT ORANGE FL 32127**

2. Principal Place of Business      3. Mailing Address

**794 Sanders Rd**      **794 Sanders Rd**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**Suite 1**      **Suite 1**

City & State      City & State

**Port Orange, FL**      **Port Orange FL**

Zip      Country      Zip      Country

**32127**      **US**      **32129**      **US**



MOORE CR2E034 (11/03)

4. FEI Number      Applied For

**59-3582364**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PAYTAS, JAMES W JR.  
 809 HIGHPOINT DR.  
 PORT ORANGE FL 32127**

7. Name and Address of New Registered Agent

Name

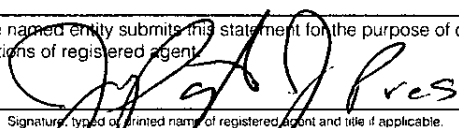
Street Address (P.O. Box Number is Not Acceptable)

**794 Sanders Rd Suite 1**

City      State      Zip Code

**Port Orange      FL      32127**

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: **2-19-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	<b>PANTAS, JAMES W JR</b>
STREET ADDRESS	<b>809 HIGHPOINT DRIVE</b>
CITY-ST-ZIP	<b>PORT ORANGE FL 32127</b>
TITLE	VD <input type="checkbox"/> Delete
NAME	<b>PANTAS, JAMES SR</b>
STREET ADDRESS	<b>5995 SEMINOLE WOODS DRIVE</b>
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32127</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PANTAS, JAMES W JR</b>
STREET ADDRESS	<b>794 Sanders Rd Suite 1</b>
CITY-ST-ZIP	<b>Port Orange FL 32127</b>
TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PANTAS, JAMES SR</b>
STREET ADDRESS	<b>PORT ORANGE, FL 32127</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:       DATE: **2-19-04**      DAYTIME PHONE #: **386-956-0439**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR