


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 08:00 A
Secretary of State

DOCUMENT # P99000047079

1. Entity Name
ST. JAMES BAY, INC.



Principal Place of Business 794 SANDERS RD. STE. 1 PORT ORANGE, FL 32127	Mailing Address 794 SANDERS RD. STE. 1 PORT ORANGE, FL 32127
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DO NOT WRITE IN THIS SPACE



03032008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3582364	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

**PAYTAS, JAMES W JR.
 794 SANDERS RD.
 STE. 1
 PORT ORANGE, FL 32127**

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAYTAS, JAMES W JR. 794 SANDERS RD., STE. 1 PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PAYTAS, JAMES SR 5995 SEMINOLE WOODS DRIVE DAYTONA BEACH, FL 32127
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 03/27/08-80070-019-150:00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ **3/13/08 386/756-0439**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #