2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000067047

1. Entity Name
BULLBAY FISH COMPANY

FILED
07 MAY 23 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
TWO NORTH TAMIAMI TRAIL SUITE 500 ONE SARASOTA TOWER SARASOTA, FL 34236	PAULA F. MCQUEEN P.O. BOX 511249 PUNTA GORDA, FL 33951

04302007 No Chg-P CR2E034 (11/05)

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4. FEI Number
65-0980451
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BOBO, J. ALLEN
TWO NORTH TAMIAMI TRAIL SUITE 500
ONE SARASOTA TOWER
SARASOTA, FL 34236

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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
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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GOULDING, MICHAEL
STREET ADDRESS	1981 EAST VINA DEL MAR BOULEVARD
CITY-ST-ZIP	ST. PETERSBURG BEACH, FL 33706
TITLE	DV
NAME	MCQUEEN, ROBERT N
STREET ADDRESS	P.O. BOX 511305
CITY-ST-ZIP	PUNTA GORDA, FL 339511305
TITLE	DST
NAME	GOULDING, JOSEPH
STREET ADDRESS	23171 CENTRAL AVENUE
CITY-ST-ZIP	CHARLOTTE HARBOR, FL 33980
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	B 6/1/07

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06/08/07--01021--003 **200.00

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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: Robert F McQueen 4/20/07 239-872-0290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #