2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000079837

1. Entity Name
TEXBAY INDUSTRIES, INC.



FILED Jan 09, 2004 08:00 AM Secretary of State

Principal Place of Business

5500 VINCI CIRCLE SARASOTA, FL 34243-2611 Mailing Address

5500 VINCI CIRCLE SARASOTA, FL 34243-2611

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0948907 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

BECK, CHARLES S 5500 VINCI CIRCLE SARASOTA, FL 34243-2611

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					
Signeture, typed or printed name of registered agent and trip if applicable (NOTE, Registered Agent agreture required when renasting) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financi Trust Fund Contribution.				\$5.00 May Be Added to Fees	
18.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT BECK, CHUCK 5500 VINCI CIRCLE SARASOTA, FL 342432611			·	
RITLE NAME STREET ADDRESS CRY-ST-ZIP	VSD BURDMAN, ROSEANN 5500 VINCI CIRCLE SARASOTA, FL 342432611				U30000001032 Ú1/09/04-80025-009 158.00 .
TRILE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE
TRILE NAME STREET ADDRESS CITY-ST-ZP					
TITLE HAME STREET ADDRESS CITY-ST-ZIP					
12. Thereby certify that the information supplied with this filling does not qualify for the examption 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.					