2005 FOR PROFIT CORPORATION

Mar 15, 2005 8:00 am **ANNUAL REPORT (AR)** Secretary of State **DOCUMENT # P99000079837** 1. Entity Name 03-15-2005 90044 042 ***150.00 TEXBAY INDUSTRIES, INC. Principal Place of Business Mailing Address 5500 VINCI CIRCLE 5500 VINCI CIRCLE SARASOTA FL 34243-2611 SARASOTA FL 34243-2611 2. Principal Place of Business 3. Mailing Address 2725 VIA CIPRIAN 2725 VIA CIPRIAN Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0948907 LUANWATER LUARWATUN Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired <u>3376</u>4-392 ()SA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHARLAS BECK, CHARLES S 5500 VINCI CIRCLE Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34243-2611 Zip Code 33764-3925 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 the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PDT TITLE TITLE rQq☐ Delete ☐ Addition BECK CHUCK. 2725 VIA CIPRIANI BECK, CHUCK NAME STREET ADDRESS 5500 VINCI CIRCLE - 73SA STREET ADDRESS SARASOTA FL 34243-2611 33764-3925 CITY-ST-ZIP CITY-ST-ZIP CLOARWATER FI **VSD** TITLE Delete THILE ☐ Addition BURDMAN, ROSYAND NAME BURDMAN, ROSEANN STREET ADDRESS 5500 VINCI CIRCLE STREET ADDRESS 2725 VIA CIPRIANI - 735A SARASOTA FL 34243-2611 CITY-ST-7IP CHTY-ST-ZIP F1. 33764- 30 3925 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete DHE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytme Phone #