2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000099058

1. Entity Name
CUDJOE BAY CONSULTING INC



FILED
May 10, 2004 08:00 AM
Secretary of State

Principal Place of Business

22562 JOLLY ROGER DR CUDIOE KEY, FL 33042 Mailing Address

22562 JOLLY ROGER DR CUDJOE KEY, FL 33042



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05032004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0962932

Appiled For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

TERRY, SHEILA 22562 JOLLY ROGER DR CUDJOE KEY, FL 33042

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	he above named entity submits this statement for the purpose of changing its to obligations of registered agent.	s registered office or registered agent, or bo	h, in the State of Florida.	am familiar with, and	accept
	a configurate of talketaten affaut.				
SIG	IATURE				
	Signature, based or celebral grame of reminiment wheat and this if engineents. As the	TV PERIOTERA States airmetera rancipat abus minetatori		e70	

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004

Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be

in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.	OFFICERS AND DIRECTORS
TITLE NAME STRICET ACCRESS CITY-ST-ZIP	PD TERRY, SHIELA 22562 JOLLY ROGER DR. SUMMERLAND KEY, FL 33042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS GITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	
WILE	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes, I further certify that the information indicated on this report or supplicmental 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 TT findings, with all other like empowered.

SIGNATURE:

STROET ADDRESS City-St-Zip

STREET ADORESS CATY-ST-ZIP

MOMATURE AND TYPED OR PRINTED HAMP OF BIGHING OFFICER OR DIRECTOR

5/3/04

Deytane Phone #