# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S41054

1. Entity Name
GULF BAY SERVICES, INC.

FILED
08 MAY -2 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 3200 TAMIAMI TRAIL N<br>SUITE 200<br>NAPLES, FL 34103 US | 3200 TAMIAMI TRAIL N<br>SUITE 200<br>NAPLES, FL 34103 US |

04042008 Chg-P CR2E034 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 65-0253705 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| WOODWARD, MARK J., ESQ.<br>WOODWARD, PIERS AND LOMBARDO, P.A.<br>3200 TAMIAMI TRAIL N, STE 200<br>NAPLES, FL 34103 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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, 2008 Fee will be $550.00**

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

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>FERRAO, AUBREY J.<br>8156 FIDDLER'S CREEK PARKWAY<br>NAPLES, FL 34114 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>DINARDO, ANTHONY<br>8156 FIDDLER'S CREEK PARKWAY<br>NAPLES, FL 34114 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 900129231179<br>05/14/08--01005--010 **150.00 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>WOODWARD, MARK J<br>3200 TAMIAMI TRAIL N, STE 200<br>NAPLES, FL 34103 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>PARISI, JOSEPH L<br>8156 FIDDLER'S CREEK PARKWAY<br>NAPLES, FL 34114 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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:** Joseph Livio Parisi, as Director — April 7, 2008 — (239) 732-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #