

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

3200 TAMIAMI TRAIL N
SUITE 200
NAPLES, FL 34103 US

Mailing Address

3200 TAMIAMI TRAIL N
SUITE 200
NAPLES, FL 34103 US

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

04042008

Chg-P

CR2E034 (12/06)

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.
WOODWARD, PIERS AND LOMBARDO, P.A.
3200 TAMIAMI TRAIL N, STE 200
NAPLES, FL 34103

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 PD
NAME FERRAO, AUBREY J. ☐ Delete
STREET ADDRESS 8156 FIDDLER'S CREEK PARKWAY
CITY-ST-ZIP NAPLES, FL 34114

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME DINARDO, ANTHONY ☐ Delete
STREET ADDRESS 8156 FIDDLER'S CREEK PARKWAY
CITY-ST-ZIP NAPLES, FL 34114

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS
NAME WOODWARD, MARK J. ☒ Delete
STREET ADDRESS 3200 TAMIAMI TRAIL N, STE 200
CITY-ST-ZIP NAPLES, FL 34103

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD
NAME PARISI, JOSEPH L. ☐ Delete
STREET ADDRESS 8156 FIDDLER'S CREEK PARKWAY
CITY-ST-ZIP NAPLES, FL 34114

TITLE S ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Livio Parisi, as Director

Date

Daytime Phone #

April 7, 2008 (239) 732-9400