

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S41054

**FILED**  
**Mar 08, 2010**  
**Secretary of State**

**Entity Name:** GULF BAY SERVICES, INC.

**Current Principal Place of Business:**

3200 TAMIAMI TRAIL N  
SUITE 200  
NAPLES, FL 34103 US

**New Principal Place of Business:**

8156 FIDDLER'S CREEK PKWY  
NAPLES, FL 34114 US

**Current Mailing Address:**

3200 TAMIAMI TRAIL N  
SUITE 200  
NAPLES, FL 34103 US

**New Mailing Address:**

8156 FIDDLER'S CREEK PKWY  
NAPLES, FL 34114 US

**FEI Number:** 65-0253705

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: FERRAO, AUBREY J.  
Address: 8156 FIDDLER'S CREEK PARKWAY  
City-St-Zip: NAPLES, FL 34114

Title: TD  
Name: DINARDO, ANTHONY  
Address: 8156 FIDDLER'S CREEK PARKWAY  
City-St-Zip: NAPLES, FL 34114

Title: VPDS  
Name: PARISI, JOSEPH L  
Address: 8156 FIDDLER'S CREEK PARKWAY  
City-St-Zip: NAPLES, FL 34114

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH L. PARISI, NOT INDIVIDUALLY

VPDS

03/08/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date