
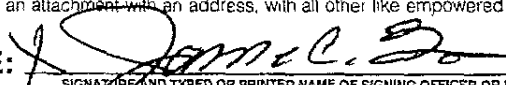


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| <b>DOCUMENT # V32634</b><br>1. Entity Name<br><b>HIDEAWAY BAY MANAGEMENT, INC.</b>   |  |  |  |   |  |
| Principal Place of Business<br><b>12000 PLACIDA ROAD<br/>CAPE HAZE FL 33946</b>  |  |  | Mailing Address<br><b>P.O BOX 729<br/>PLACIDA FL 33947<br/>US</b>  |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |  |  | 3. Mailing Address<br>Suite, Apt. #, etc.  |  |  |
| City & State   |  |  | City & State   |  |  |
| Zip  |  | Country  |  | Zip  |  |
| Country  |  | Country  |  | 4. FEI Number <b>65-0331368</b><br><input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable                   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |  |  | 1st MOORE CR2E034 (10/05)  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BATSEL, JAMES C III<br/>34 SPORTSMAN LANE<br/>ROTONDA FL 33947</b>   |  |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)<br><small>Signature, type or printed name of registered agent and title if applicable</small>   |  |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |  |  |  | 9. Election Campaign Financing <b>\$5.00 May Be</b><br>Trust Fund Contribution <input type="checkbox"/> <b>Added to Fees</b>         |  |
| 10. OFFICERS AND DIRECTORS   |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D <input type="checkbox"/> Delete<br><b>BASTEL, JAMES C III<br/>34 SPORTSMAN LANE<br/>ROTONDA FL 33947</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>000000535477</b> <input type="checkbox"/> Change <input type="checkbox"/> Add<br><b>05/08/06-80054-010 158.75</b> |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D <input type="checkbox"/> Delete<br><b>BATSEL, KATHERINE E<br/>34 SPORTSMAN LANE<br/>ROTONDA FL 33947</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add   |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. |  |  |  |  |  |
| <b>SIGNATURE:</b>   |  | <b>4-18-06 468-382</b>                             |  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  | Date Daytime Phone #                               |  |  |  |