

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90230 028 ***150.00

DOCUMENT # V39602

1. Entity Name
RED BAY GOLF, INC.



Principal Place of Business
**HIGHWAY 81 SOUTH
RED BAY, FL 32455 US**

Mailing Address
**P O BOX 2041
RED BAY, FL 32455 US**

94061034



04192004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3136525 Applied For
Not Applicable

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**O'ROURKE, DANIEL C
607 HIGHWAY 98 EAST
DESTIN, FL 32541**

7. Name and Address of New Registered Agent

Name **Daniel C. O'Rourke**

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

4475 Legendary Dr.

City **Destin**

FL

Zip Code
32541

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 of officer 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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME **P SANKER, RONALD J** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP **1362 WEST 2ND STREET
LORRAINE, OH 44052**

TITLE
NAME **VP SANKER, YVONNE** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP **1362 WEST 2ND STREET
LORRAINE, OH 44052**

TITLE
NAME **S GREGA, GERALD M** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP **1015 W. 45TH PLACE
LORAIN, OH 44052**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Ronald Sanker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-04
Date

440-225-4270
Daytime Phone #