

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S94942

FILED  
Mar 04, 2005  
Secretary of State

Entity Name: BAILEY'S RETREAT, INCORPORATED

**Current Principal Place of Business:**

22 HAMMOCK TRACE  
CRAWFORDVILLE, FL 32327 US

**New Principal Place of Business:**

**Current Mailing Address:**

22 HAMMOCK TRACE  
CRAWFORDVILLE, FL 32327 US

**New Mailing Address:**

FEI Number: 59-3104942

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MILLER, PHILLIP B.  
22 HAMMOCK TRACE  
CRAWFORDVILLE, FL 32327 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: DP ( ) Delete  
Name: BAILEY, NED,  
Address: 170 LEVY BAY RD.  
City-St-Zip: PANACEA, FL 32346

Title: TS ( ) Delete  
Name: MILLER, PHILLIP B  
Address: 22 HAMMOCK TRACE  
City-St-Zip: CRAWFORDVILLE, FL 32327

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: BAILEY, NED,  
Address: 735 DELAND LOOP  
City-St-Zip: GREENVILLE, FL 32331

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: PHILLIP B. MILLER

T/S

03/04/2005

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

\_\_\_\_\_  
Date