2006 FOR PROFIT CORPORATION ANNUAL REPORT

07-14-2006 90026 034 ***150.00 DOCUMENT # P03000061794 BAILÉY'S PROFFESSIONAL FABRICATION, INC. 20048967 Principal Place of Business Mailing Address P O BOX 350256 36344 FISH CAMP RD GRAND ISLAND, FL 32857 ORLANDO, FL 32857 2. Principal Place of Business 3. Mailing Address P O Box 350256 Suite, Apt. #, etc. Suite, Apt. #, etc. 07112006 Chg-P CR2E034 (11/05) City & State Applied For City & State 4. FEI Number Not Applicable 51-0467999 <u>Grand Island</u> Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 32735 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BAILEY, JENNIFER Street Address (P.O. Box Number is Not Acceptable) 36344 FISH CAMP RD GRAND ISLAND, FL 32857 City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Due by September 6, 2006 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition BAILEY, JERRY K NAME NAME STREET ADORESS 36344 FISH CAMP RD STREET ADDRESS CITY - ST - ZIP GRAND ISLAND, FL 32857 CITY-ST-ZIP VD TETLE Delete TITLE ☐ Change Addition BAILEY, JENNIFER NAME NAME STREET ADDRESS 36344 FISH CAMP RD STREET ADDRESS CITY-ST-ZIP GRAND ISLAND, FL 32857 CITY-ST-7IP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTERNAME OF SIGNING OFFICER OR DIRECTOR

1/1/04 352-551-829

FILED Jul 14, 2006 8:00 am

Secretary of State