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.

T/S

SIGNATURE: PHILLIP B. MILLER

Electronic Signature of Signing Officer/Director Detail

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S94942

Entity Name: BAILEY'S RETREAT, INCORPORATED

Current Principal Place of Business:

22 HAMMOCK TRACE CRAWFORDVILLE. FL 32327

Current Mailing Address:

22 HAMMOCK TRACE CRAWFORDVILLE. FL 32327 US

FEI Number: 59-3104942

Name and Address of Current Registered Agent:

MILLER, PHILLIP BTS 22 HAMMOCK TRACE CRAWFORDVILLE, FL 32327 US

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:

Officer/Director Detail :				
Title	DP	Title	TS	
Name	BAILEY, NED	Name	MILLER, PHILLIP B	
Address	145 LAKE THOMAS DRIVE	Address	22 HAMMOCK TRACE	
City-State-Zip:	WINTER HAVEN FL 33880	City-State-Zip:	CRAWFORDVILLE FL 32327	

Date Electronic Signature of Registered Agent

ιy 4

Certificate of Status Desired: No

02/15/2014

FILED Feb 15, 2014 Secretary of State CC2880294664

Date