


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # 287732 1. Entity Name DUKE B. BAILEY, INC.		
Principal Place of Business POST OFFICE BOX 566 HIGHWAY 80 LABELLE, FL 33935	Mailing Address POST OFFICE BOX 566 HIGHWAY 80 LABELLE, FL 33935	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
6. Name and Address of Current Registered Agent BAILEY, DUKE B. HIGHWAY 80 LABELLE, FL 33935		
<h2>DO NOT WRITE IN THIS SPACE</h2>		
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) <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		000000345771 04/30/05-80049-015 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BAILEY, DUKE B HIGHWAY 80 LABELLE, FL 00000.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAILEY, BRYAN KEITH 459 PINE HURST CT. WINTER HAVEN, FL 33884	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DANIELS, KAREN SUE 4504 SPRINGVIEW CIR LABELLE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<h2>DO NOT WRITE IN THIS SPACE</h2>	
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TITLE NAME 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: <i>Karen Bailey Daniels</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Karen Bailey Daniels		4-23-05 863-6750101 <small>Date Daytime Phone #</small>