

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # 294703

1. Entity Name

BAILEY GROVES, INC.



Principal Place of Business

3785 BERKLEY ROAD
AUBURNDALE FL 33823

Mailing Address

3785 BERKLEY ROAD
AUBURNDALE FL 33823

2. Principal Place of Business

Suite, Apt. #, etc

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number 59-1097616

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BAILEY, ROBERT F.
3785 BERKLEY RD.
AUBURNDALE FL 33823

7. Name and Address of New Registered Agent

Name

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

City

FL

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE DP
NAME BAILEY, ROBERT F
STREET ADDRESS 3786 BERKLEY RD
CITY- ST- ZIP AUBURNDALE FL 33823 ☐ Delete

TITLE S
NAME HART, THOMAS E.
STREET ADDRESS 2047 RYAN RD. SE
CITY- ST- ZIP WINTER HAVEN FL ☐ Delete

TITLE D
NAME BAILEY, WAYNE R
STREET ADDRESS 3785 BERKLEY RD
CITY- ST- ZIP AUBURNDALE FL 33823 ☐ Delete

TITLE D
NAME WEATHERWAY, ANN
STREET ADDRESS 3860 BLOSSOM ST.
CITY- ST- ZIP KISSIMMEE FL ☐ Delete

TITLE D
NAME CLARK, SUSAN H
STREET ADDRESS 6527 STOVINGTON ST
CITY- ST- ZIP TAMPA FL ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000302552
CITY- ST- ZIP 04/13/05-80075-002 150.00

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

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TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

863

4-6-05 206-8304