

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT# 556971	
1. Entity Name CODY L. BAILEY, CONSTRUCTION, INC.	

Principal Place of Business 2400 ST LUCIE BLVD BOX 1044 FT PIERCE FL 34954	Mailing Address 2400 ST LUCIE BLVD BOX 1044 FT PIERCE FL 34954
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent BAILEY, CODY L. 2400 ST. LUCIE BLVD. FT. PIERCE FL 34946	
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4. FEI Number 59-1813401	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

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, typewritten or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ST BAILEY, CAROLYN A 2400 ST LUCIE BLVD FORT PIERCE FL 34946 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	U00000501289 04/25/06-80057-006 158.75 ☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P BAILEY, CODY L 2400 ST. LUCIE BLVD FORT PIERCE FL 34946 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN A. BAILEY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4-4-06 Date	1-772-4644 Daytime Phone #
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