2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

## Mar 22, 2004 8:00 am Secretary of State **DOCUMENT # 616043** Entity Name 03-22-2004 90299 006 \*\*\*150.00 BAILEY MOTORS, INC. Principal Place of Business Mailing Address C/O 2700 FIRST AVE NO. ST PETERSBURG FL 33713 12087 62 STREET NORTH 44004640 **LARGO FL 34643** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State Applied For City & State 4. FEI Number 59-1360577 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DENHARDT, JAMES W Street Address (P.O. Box Number is Not Acceptable) 2700 1ST AVE NORTH ST PETERSBURG FL 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004. Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete Addition BAILEY, JACK H NAME NAME STREET ADDRESS 12087 62ND STREET NORTH STREET ADDRESS CITY-ST-ZIP LARGO FL CITY-ST-ZIP VST TITLE ☐ Delete TITLE ☐ Change ☐ Addition BONOIT, ROBIN BAILEY 12087 62ND STREET NORTH STREET ADDRESS STREET ADDRESS LARGO FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MALTE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

MA SIGNING OFFICER OR DIRECTOR

FILED