

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06909

Entity Name: BAILEY-SIGLER, INC.

FILED
Sep 08, 2004
Secretary of State

Current Principal Place of Business:

1050 FREMONT STREET
P.O.BOX BOX 393
NEW SMYRNA BEACH, FL 321686239

New Principal Place of Business:

Current Mailing Address:

1050 FREMONT STREET
P.O.BOX BOX 393
NEW SMYRNA BEACH, FL 321686239

New Mailing Address:

FEI Number: 59-2042777

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEAN M SIGLER
1050 FREMONT ST
NEW SMYRNA BEACH, FL 32168

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SIGLER, DEAN M,
Address: 1099 TURNBULL CREEK RD
City-St-Zip: NEW SMYRNA BEACH, FL

Title: VP () Delete
Name: SIGLER, CHARLES
Address: 2534 OSPREY LOVE DR.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: V () Delete
Name: SCHAFER, JACK
Address: 931 SHADOW PINES DR
City-St-Zip: PORT ORANGE, FL

Title: S () Delete
Name: ROE, GAIL L.
Address: 1510 SHADOW PINES DR
City-St-Zip: NEW SMYRNA BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DEAN M SIGLER

DP

09/08/2004

Electronic Signature of Signing Officer or Director

_____ Date