

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F49267**

1. Entity Name  
**BAILEY ENGINEERING CORPORATION**



Principal Place of Business

**880 JUPITER PARK DRIVE  
SUITE 5  
JUPITER, FL 33458 US**

Mailing Address

**880 JUPITER PARK DRIVE  
SUITE 5  
JUPITER, FL 33458 US**



04102007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2228558**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BAILEY, RONALD B  
8633 DAMASCUS DR  
PALM BCH GARDENS, FL 33418**

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME BAILEY, RONALD B  
STREET ADDRESS 880 JUPITER PARK DRIVE, STE 5  
CITY-ST-ZIP JUPITER, FL 33458

TITLE VPD  
NAME HOLLACE SWANSON, BAILEY  
STREET ADDRESS 880 JUPITER PARK DRIVE, STE 5  
CITY-ST-ZIP JUPITER, FL 33458

TITLE D  
NAME GROW, SANDA  
STREET ADDRESS 4091 ISLE CIRCLE NW  
CITY-ST-ZIP MASSILLON, OH 44646

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000734620  
05/10/07-80001-004 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-2007

Date

561 7441410

Daytime Phone #