


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90036 023 ***150.00

DOCUMENT # H36115

Entity Name
THE BAILEY BUILDING OF VERO BEACH, INC.



Principal Place of Business Mailing Address

3850 20TH ST - POB 2069
STE 500
VERO BEACH, FL 32961 US

P.O. BOX 2069
VERO BEACH, FL 32961



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

01172006 Chg-P CR2E034 (11/05)

City & State City & State

4. FEI Number Applied For

59-2480078 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BAILEY, BEN F. 3850 20TH ST, POB 2069 VERO BEACH, FL 32961		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME BAILEY, BENJAMIN F. III		NAME	
STREET ADDRESS 3850 20TH ST.		STREET ADDRESS	
CITY- ST- ZIP VERO BEACH, FL		CITY- ST- ZIP	
TITLE DST	<input checked="" type="checkbox"/> Delete	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BAILEY, JOAN M.		NAME RYAN B. RUSSELL	
STREET ADDRESS 3650 FLAMINGO DRIVE		STREET ADDRESS 1571 53RD AVE	
CITY- ST- ZIP VERO BECH, FL		CITY- ST- ZIP VERO BEACH, FL 32966	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

2. 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: *Benjamin F. Bailey III* 1/19/06 772-567-9665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #