


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # J43056 1. Entity Name BAILES PROPERTIES, INC.	
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Principal Place of Business % JESS D. BAILES 3651 ALAFAYA TRAIL OVIEDO, FL 32765	Mailing Address % JESS D. BAILES 6424 PINE CASTLE BLVD, A ORLANDO, FL 32809-6674 US
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**DO NOT WRITE IN THIS SPACE**



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2748076	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

BAILES, JESS D.  
1594 WATERWITCH DRIVE  
ORLANDO, FL 32806

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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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD BAILES, CHARLES E. JR. 6212 DARTMOOR COURT ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILES, CHARLES E. III 833 SEVILLE PLACE ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILES, JESS D. 730 ALBA DR ORLANDO, FL 32804
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02/20/07-80053-013 150.00

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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: *Doug LaCasse* 2-7-07 407 816-0100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #