

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # J43056

1. Entity Name
BAILES PROPERTIES, INC.



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

FILED
Mar 24, 2008 08:00 A
Secretary of State



01182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2748076

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000867462
04/08/08-80072-014 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BAILES, CHARLES E. JR.
STREET ADDRESS 6212 DARTMOOR COURT
CITY-ST-ZIP ORLANDO, FL 32819

TITLE D
NAME BAILES, CHARLES E. III
STREET ADDRESS 833 SEVILLE PLACE
CITY-ST-ZIP ORLANDO, FL 32804

TITLE D
NAME BAILES, JESS D.
STREET ADDRESS 730 ALBA DR
CITY-ST-ZIP ORLANDO, FL 32804

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

Charles E. Bailes Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/19/08

Daytime Phone #

407-86-0100