


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J98607</b> 1. Entity Name GARY S. BAILEY, INC.	
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Principal Place of Business 162 LEE DRIVE SOUTH MIDDLEBURG, FL 32068 US	Mailing Address 162 LEE DRIVE SOUTH MIDDLEBURG, FL 32068 US
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04082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2856338	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  
  
BAZLEY, JAMES A.  
1730 KINGSLEY AVENUE  
SUITE A  
ORANGE PARK, FL 32073

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000923355 05/16/08-80027-011 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BAILEY, GARY S. 162 LEE DR. SOUTH MIDDLEBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAILEY, PAMELA J. 162 LEE DR. SOUTH MIDDLEBURG, FL
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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 filers empowered.

**SIGNATURE:**  **APR 27, 2008** **904-291-2291**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #