


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90009 045 ***150.00

DOCUMENT # L61597 1. Entity Name WILLIAM D. BAILEY, INC.					
Principal Place of Business 2085 46TH ST. SW NAPLES, FL 34116 US				Mailing Address 2085 46TH ST. SW NAPLES, FL 34116 US	
2. Principal Place of Business 14833 Fripp Island Ct.		3. Mailing Address 14833 Fripp Island Ct.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State NAPLES FL		City & State NAPLES FL		4. FEI Number 59-3009899	
Zip 34119		Zip 34119		Country USA	
Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BAILEY, WILLIAM D. 2085 46TH ST. SW NAPLES, FL 34116				7. Name and Address of New Registered Agent Name William D. BAILEY Street Address (P.O. Box Number is Not Acceptable) 14833 FRIPP Island Ct. City NAPLES FL Zip Code 34119	
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 <u><i>William D Bailey</i></u> 1-10-04 <small>Signature, typed or printed name of registered agent and title if applicable. (Not a Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT BAILEY, WILLIAM D 2085 46TH ST. SW NAPLES, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAILEY, WILLIAM D 2085 46TH ST SW NAPLES, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>William D Bailey</i></u> 1-10-04 239-455-4997 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					