## 2005 FOR PROFIT CORPORATION

## **FILED ANNUAL REPORT** Jan 07, 2005 08:00 AM DOCUMENT # M89954 **Secretary of State** BAILEY PROPERTY MANAGEMENT CORP. Principal Place of Business Mailing Address 8500 ULMERTON ROAD 8500 ULMERTON ROAD LARGO, FL 33771 US LARGO, FL 33771 US 01042005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2902453 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BAILEY, KEITH R. DO NOT WRITE 8500 ULMERTON RD. LARGO, FL 33771 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 (NOTE, Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. PDS IIII E BAILEY, KEITH R NAME STREET ADDRESS 8500 ULMERTON RD CITY-ST-ZIP LARGO, FL U00000173791 01/07/05-80032-012 150.00 VDT TITLE BAILEY, LUCY C NAME STREET ADDRESS 8500 ULMERTON RD CITY-ST-ZIP LARGO, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. I hereby centify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: