
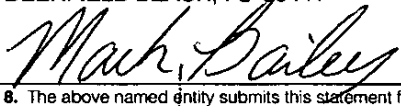



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90041 025 \*\*\*150.00

<b>DOCUMENT # P01000008311</b> 1. Entity Name <b>MARK BAILEY'S OCEAN SAILING CLUB INC.</b>					
Principal Place of Business <b>200 E. 13TH STREET RIVIERA BEACH, FL 33404</b>			Mailing Address <b>806 SE 9TH AVENUE DEERFIELD BEACH, FL 33441</b>		
2. Principal Place of Business <b>5840 S. Pine Avenue</b>			3. Mailing Address <b>same</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>Ocala, FL</b>			City & State		
Zip <b>33480</b>		Country <b>USA</b>		Zip	
Country		Zip		Country	
4. FEI Number <b>65-1068911</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BAILEU, MARK 806 S E 9TH AVENUE DEERFIELD BEACH, FL 33441</b> 				7. Name and Address of New Registered Agent Name <b>Bailey mark (correct spelling)</b> Street Address (P.O. Box Number is Not Acceptable) <b>same</b> City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <b>3/21/05</b> <small>DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BAILEY, MARK 806 SE 9TH AVENUE DEERFIELD BEACH, FL 33441</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BAILEY, JACQUELYN 806 SE 9TH AVENUE DEERFIELD BEACH, FL 33441</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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)(l), 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: 				Date <b>3/21/05</b> Daytime Phone # <b>561-512-2161</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					