## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P01000008311

1. Entity Name

MARK BAILEY'S OCEAN SAILING CLUB INC.



FILED Feb 24, 2006 08:00 AM Secretary of State

Principal Place of Business

5840 S PINE AVENUE OCALA, FL 33480 Mailing Address

806 SE 9TH AVENUE DEERFIELD BEACH, FL 33441



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01092006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-1068911 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAILEY, MARK 806 S E 9TH AVENUE DEERFIELD BEACH, FL 33441

## DO NOT WRITE IN THIS SPACE

Signature, typed or printed name of registered agent and ritio if applicable (NOTE: Registered Agent signature required when reinstalling)  DATE  Comparison  Comp	<ol> <li>The above named entity submits this statement for the obligations of registered agent.</li> </ol>	purpose of changing its registered office or reg	istered agent, or both, in the	State of Florida. I am familiar with, and accept
9. Election Campaign Financing \$5.90 May Be	SIGNATURE Signature, typed or printed name of registered agent and	e if applicable (NOTE: Registered Agent signature rec	quired when reinstating)	DATE
After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.	FILE NOWIS FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		\$5.00 May Be Added to Fees	

TITLE BAILEY, MARK NAME STREET ADDRESS 808 SE 9TH AVENUE DEERFIELD BEACH, FL 33441 CITY-ST-ZIP TITLE NAME BAILEY, JACQUELYN STREET ADDRESS 806 SE 9TH AVENUE CITY-ST-ZIP DEERFIELD BEACH, FL. 33441 TITLE NAME STREET ADDRESS CITY-ST-ZIP THIE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under path; 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:

NAME STREET ADDRESS

Cacquelys Bailey VP

REMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

عماجواد

954-551-0214

Daytime Phone #