## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 08, 2007 8:00 am Secretary of State DOCUMENT # P01000019234 1. Entity Name 02-08-2007 90050 037 \*\*\*150.00 BAVIS CONSULTING GROUP, INC. Principal Place of Business Mailing Address 5955 TROPHY DRIVE #2204 5955 TROPHY DRIVE #2204 NAPLES FL 34110 NAPLES FL 34110 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 6023 FAIRWAY 6023 TAIRWKY Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State Applied For 65-1075617 Not Applicable \$8.75 Additional 5. Certificate of Status Desired CILLIER Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BAVIS JAMES R BAVIS, JAMES R Street Address (P.O. Box Number is Not Acceptable) 5955 TROPHY DRIVE #2204 6023 FAIRWAY NAPLES FL 34110 APLES 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. (NOTE, Registered Agent signature reduked when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition BAVIS, JAMES L BAVIS, JAMES R NAME NAME [. 1, . . . . GOUS FAIRWAY OT 5955 TROPHY DR #2204 STREET ADDRESS STREET ADDRESS NAPLES FL 34110 NAPLES, 71 34116 CHY-ST-7IP CITY-S1-7IP VΡ DHE TITLE Change Defele ☐ Addition BAVIS, MARY C 6023 FAIRWAY OF. BAVIS, MARY C NAME NAME 5955 TROPHY DR #2204 STREET ADDRESS STREET ADORESS NAPLES FL 34110 CITY-ST-ZIP CITY - ST- ZIP NAPLES, 7L 34110 ☐ Delete ☐ Change Addition NAM STREET ADDRESS STREET ADDRESS CITY - ST - 7(P CITY - S1 - ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-7IP THE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CUY-SI-ZIP CITY-S1-7IP THE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Soction 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 eath; 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.

Baris (MARY C. BAVIS
OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED