2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000033782

Entity Name: BARBARA JEAN BAILEY, P.A.

FILED Oct 02, 2006 Secretary of State

Current Principal Place of Business: 27236 EDENFIELD DR ZEPHYRHILLS, FL 33543 New Principal Place of Business:						
Current Mailing Address:				New Mailing Address:		
16528 N DALE MABRY HWY TAMPA, FL 33618				27236 EDENFIELD DRIVE ZEPHYRHILLS, FL 33543		
FEI Number:	59-3707081	FEI Number Applied For ()	FEI Number Not App	olicable () Co	ertificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
SANDERS, WALTER 16528 N DALE MABRY HWY TAMPA, FL 33618 US			5517 VAN	ANDREASEN, ALLAN 5517 VAN DYKE ROAD LUTZ, FL 33558 US		
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.						
SIGNATURE: ALLAN ANDREASEN				10/02/2006		
Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:						
Title: Name:	DP () I BAILEY, BARBA	Delete RA	Title: Name:	() Ch	nange () Addition	

Address:

2723 E EDENFIELD DR Address: City-St-Zip: ZEPHYRHILLS, FL 33543 City-St-Zip:

Title: () Delete Title: () Change () Addition

BAILEY, DE FORREST Name: Name: Address: 27236 EDENFIELD DR Address: ZEPHYRHILLS, FL 33543 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA BAILEY Ρ 10/02/2006