

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P01000068672

1. Entity Name

C.C. BAILEY CONSTRUCTION AND DEVELOPMENT,
INC.



FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90012 035 ***158.75



1st MOORE CR2E034 (10/05)

Principal Place of Business Mailing Address
104 CHAT HOLLEY RD 104 CHAT HOLLEY RD
SANTA ROSA BEACH FL 32459 SANTA ROSA BEACH FL 32459

2. Principal Place of Business 3. Mailing Address
56 Chat Holley Rd P.O. Box 2089

Suite, Apt. #, etc.

City & State Santa Rosa Beach, FL City & State Santa Rosa Beach, FL
Zip 32459 Country USA Zip 32459 Country USA

4. FEI Number 59-2765808 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAILEY, CONNIE C.
104 CHAT HOLLEY RD
SANTA ROSA BEACH FL 32459

7. Name and Address of New Registered Agent
Name Connie C. Bailey
Street Address (P.O. Box Number is Not Acceptable)
56 Chat Holley Road
City Santa Rosa Beach FL Zip Code 32459

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

Connie C. Bailey

3-14-06

DATE

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, CONNIE C P.O. BOX 2089 SANTA ROSA BEACH FL 32459	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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:

Connie C. Bailey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/06 850-
699-1024
Date Daytime Phone #