


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

03-23-2006 90012 035 ***158.75

DOCUMENT # P01000068672	
1. Entity Name C.C. BAILEY CONSTRUCTION AND DEVELOPMENT, INC.	

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



2. Principal Place of Business 56 Chat Holley Rd Suite, Apt. #, etc.	3. Mailing Address P.O. Box 2089 Suite, Apt. #, etc.
-----------------------------------------------------------------------------------	-------------------------------------------------------------------

1st MOORE CR2E034 (10/05)

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

4. FEI Number 59-2765808	Applied For <input checked="" type="checkbox"/> Not Applicable
------------------------------------	--------------------------------------------------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 <i>Connie C. Bailey</i> DATE 3-14-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>

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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE D NAME BAILEY, CONNIE C STREET ADDRESS P.O. BOX 2089 CITY-ST-ZIP SANTA ROSA BEACH FL 32459	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Connie C. Bailey</i> DATE 3/15/06 Daytime Phone # 850-699-1024