

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000025428 1. Entity Name DAVID BAILEY, INC.	
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Principal Place of Business 6901 CORRAL GATE LANE SARASOTA, FL 34241	Mailing Address 6901 CORRAL GATE LANE SARASOTA, FL 34241
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DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 02-0552196	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BAILEY, DAVID R
6901 CORRAL GATE LANE
SARASOTA, FL 34241**

**DO NOT WRITE
IN THIS SPACE**

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 *DAVID R BAILEY, PRES.* (NOTE: Registered Agent signature required when re-registering)
Signature, typed or printed name of registered agent and title, if applicable

4/14/06 DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, DAVID R 6901 CORRAL GATE LANE SARASOTA, FL 34241
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04/25/06-80060-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *DAVID R BAILEY* 4/14/06 941-925-7059
Signature and typed or printed name of signing officer or director Date Daytime Phone #