## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000007993

520 NW 96TH WAY

GAINESVILLE, FL 32607

Address:

City-St-Zip:

Entity Name: BAUR AND BAUR PROPERTIES INC

FILED Jan 14, 2006 Secretary of State

y .tu.	iidi Bataraa	BASICITIES INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
10416 NW 18TH AVE. GAINESVILLE, FL 32606				7636 SW 86TH WAY GAINESVILLE, FL 32608		
Current M	ailing Address	:	New Maili	New Mailing Address:		
10416 NW 18TH AVE. GAINESVILLE, FL 32606				7636 SW 86TH WAY GAINESVILLE, FL 32608		
FEI Number:	59-3767462	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and	Address of Cu	ırrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
BAUR, EDWARD O 10461 NW 18TH AVE. GAINESVILLE, FL 32606 US			16418 NW	BAUR, EDWARD O 16418 NW 40TH PLACE NEWBERRY, FL 32669 US		
	named entity so e of Florida.	ubmits this statement for the po	urpose of changing i	ts registered o	ffice or registered agent, or both,	
SIGNATUR	RE: EDWARD	O. BAUR		01/14/2006		
	Electronic	Signature of Registered Age	nt		Date	
Election Can	npaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () I BAUR, WESTON 520 NW 96TH W GAINESVILLE, F	AY	Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S ()[ BAUR, JANICE D 10416 NW 18TH GAINESVILLE, F	AVENUE	Title: Name: Address: City-St-Zip:	S (X) BAUR, JANICE 7636 SW 86TH GAINESVILLE,	WAY	
Title: Name: Address: City-St-Zip:	V () I BAUR, EDWARD 10416 NW 18TH GAINESVILLE, F	AVENUE	Title: Name: Address: City-St-Zip:	V (X) BAUR, EDWAR 16718 NW 40TH NEWBERRY, F	H PLACE	
Title: Name:	T ()[ BAUR, CORINNE	Delete R	Title: Name:	( )	Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: JANICE D. BAUR S 01/14/2006