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Jul 14, 2006 8:00 am
Secretary of State

07-14-2006 90026 034 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000061794

1. Entity Name
BAILEY'S PROFFESSIONAL FABRICATION, INC.

20048967

07112006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
36344 FISH CAMP RD GRAND ISLAND, FL 32857	P O BOX 350256 ORLANDO, FL 32857

2. Principal Place of Business	3. Mailing Address
	P O Box 350256
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Grand Island FL
Zip / Country	Zip: 32735 / Country

4. FEI Number: 51-0467999 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BAILEY, JENNIFER
36344 FISH CAMP RD
GRAND ISLAND, FL 32857

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	BAILEY, JERRY K	
STREET ADDRESS	36344 FISH CAMP RD	
CITY-ST-ZIP	GRAND ISLAND, FL 32857	
TITLE	VD	☐ Delete
NAME	BAILEY, JENNIFER	
STREET ADDRESS	36344 FISH CAMP RD	
CITY-ST-ZIP	GRAND ISLAND, FL 32857	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Jerry K Bailey 7/11/06 352-551-8293
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #