2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2005 08:00 AM Secretary of State

ANNUAL REPURI		-		r, 2003 (
DOCUMENT # P03000084452		i	Seci	retary of	State
BAILEY CONSTRUCTION CONSULTING, INC.					
Mallandada					
Principal Place of Business Mailing Address 4706 S.R. 13 NORTH 4706 S.R. 13 NORTH					
JACKSONVILLE, FL 32259 JACKSONVILLE, FL 32259				ı Germi istri Mikir Sizəli Brili	F 1) 6 (6 (6 (6 (6 (6 (6 (6 (6 (6
	THE WALLET				
		05022005 No Chg-P CR2E034 (10/03)			
DO NOT WRITE IN THIS SPA	ACE	4. FEI Numbe		—	Applied For
		03-052	of Status Desired	□ \$8.75 <i>i</i>	Not Applicable Additional
6. Name and Address of Current Registered Agent		s. Certificate	OI SIA(US DESII 90	Fee Requ	ired
LINDELL, J. MICHAEL		DΛ	NOT W	DITE	
12276 SAN JOSE BLVD., STE. 126 JACKSONVILLE, FL 32223			NOT W		
		IN	THIS SP	ACE	
The above named entity submits this statement for the purpose of changing its regi	stered office or registe	red agent, or bo	th, in the State of Flo	rida. I am familiar wi	th, and accept
the obligations of registered agent.					
SIGNATURE Signature, speed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required		d when reinstaling)		DATE	
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 9. Election Campaign F Trust Fund Contribut		.00 May Be ded to Fees	In accordance v corporation did	vith s. 607.193(2)(i not receive the pri	o), F.S., the or notice.
10. OFFICERS AND DIRECTORS				Andrew Base of the Control of the Co	Contract the second second
NAME BAILEY, ROGER L			llaaa		
STREET ADDRESS 4706 S.R. 13 NORTH CITY-ST-ZIP JACKSONVILLE, FL 32259			05 / 05/0	00362380 5-80115-019	5 150.00
TITLE NAME					
STREET ADDRESS CITY-ST-ZIP					
TITLE			· · · · · · · · · · · · · · · · · · ·		
NAME STREET ADDRESS	1	DΩ	NOT W	DITE	
CITY-ST-ZIP TITLE			THIS SE		
NAME STREET ADDRESS		IIV	inio or	ACE	
CITY-ST-ZIP					
TITLE NAME				_	
STREET ADDRESS CITY-ST-7IP					

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fjortda 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 any oddess; with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TAPED OR PRINTED TAME OF SIGNING OFFICER OR DIRECTOR

30/05 904 284 0262