2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** DOCUMENT # P03000087677 Jan 27, 2006 08:00 AN 1. Entity Name **Secretary of State** BAIR ENTERPRISES, INC. Principal Place of Business Mailing Address 1905 PICCADILLY CIR 1905 PICCADILLY CIR CAPE CORAL FL 33991 CAPE CORAL FL 33991 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 55-0842568 Not Applicable Ζŧρ Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BAIR, ROBERT Street Address (P.O. Box Number is Not Acceptable) 1905 PICCADILLY CIR CAPE CORAL FL 33991 City Zio Code 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or primed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May E After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. THE ☐ Change THE AGUSTIC D ☐ Delete TITLE BAIR, ROBERT MAME NAME U00000405343 STREET ADDRESS 1905 PICCADILLY CIR STREET ADDRESS 02/07/06-80038-007 150.00 CITY-ST-ZIP CAPE CORAL FL 33991 CITY-ST-ZIP ☐ Change ☐ Addres TITLE Delete TITLE NAME MAME BAIR, SUSAN STREET ADDRESS STREET ADDRESS 1905 PICCADILLY CIR CITY-ST-ZIP CITY-ST-78P CAPE CORAL FL 33991 Delete TITLE Addis. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY - ST- ZIP Delete TITLE Change A.her TITLE NA AAF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change M At m ☐ Delete TITLE TIFLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP ☐ AUC" 🗖 Delete TEFLE ☐ Change DILE MAME NAME STREET AUDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP 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 direct, of the curporation 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 1 if changed, or on an attackment with an address, with all other like empowered.

SIGNATURE: PALET E. Boir ROBERT E. BAIR 1/24/06 (239)283-4559