

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90220 005 ***150.00

DOCUMENT # P03000099093

1. Entity Name
MH BAILLIE ASSOCIATES, INC.



Principal Place of Business Mailing Address
3471 NE 17TH TERRACE 1500 NE 51 Street 3471 NE 17TH TERRACE 1500 NE 51 Street
FORT LAUDERDALE, FL 33334-5356 5710 FORT LAUDERDALE, FL 33334-5356 5710

40083872



03242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0220713 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

BAILLIE, CAROL A
3471 NE 17TH TERRACE 1500 NE 51 Street
FORT LAUDERDALE, FL 33334-5356 Fort Lauderdale, FL 33334-5710

**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 _____ (NOTE: Registered Agent signature required when reinstating) 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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BAILLIE, CAROL A
STREET ADDRESS 3471 NE 17TH TERRACE 1500 NE 51 Street
CITY-ST-ZIP FORT LAUDERDALE, FL 33334-5356 5710

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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: Carol Baillie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/06 954-491-5114
Date Daytime Phone #