2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State
03-31-2005 90047 042 ***150.00

DOCUMENT # P03000120549

1. Entity Name
CHUCK BAILEY INSTALLATIONS INC

Principal Place of Business	Mailing Address
5921 NOLAN ROAD SANFORD, FL 32773	5921 NOLAN ROAD SANFORD, FL 32773

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01192005 Chg-P CR2E034 (10/03)

4. FEI Number: 20-0379503 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BAILEY, CHARLES R 5921 NOLAN ROAD SANFORD, FL 32773	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] Charles R. Bailey March 29, 2005
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
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	PV ☑ Change ☐ Addition
NAME	BAILEY, CHARLES R	NAME	Bailey, Charles R.
STREET ADDRESS	5921 NOLAN ROAD	STREET ADDRESS	5921 Nolan Rd.
CITY-ST-ZIP	SANFORD, FL 32773	CITY-ST-ZIP	Sanford, FL. 32773
TITLE	D ☐ Delete	TITLE	TS ☑ Change ☐ Addition
NAME	DEHAVEN, LORRAINE M	NAME	DeHaven, Lorraine M.
STREET ADDRESS	5921 NOLAN ROAD	STREET ADDRESS	5921 Nolan Rd.
CITY-ST-ZIP	SANFORD, FL 32773	CITY-ST-ZIP	Sanford, FL. 32773
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] Charles Bailey March 29, 2005 407-323-9441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #