

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000155207

1. Entity Name
JASON BAILEY PAINTING, INC.



FILED
Apr 27, 2005 8:00 A.M.
Secretary of State

Principal Place of Business
5274 FAMILY TREE DRIVE
TALLAHASSEE, FL 32303

Mailing Address
5274 FAMILY TREE DRIVE
TALLAHASSEE, FL 32303

2. Principal Place of Business
1734 SUNSET LN.

3. Mailing Address
1734 SUNSET LN.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



03202005 Chg-P CR2E034 (10/03)

City & State
TALLAHASSEE FLORIDA

City & State
TALLAHASSEE FLORIDA

4. FEI Number
32-0112465

Applied For
Not Applicable

Zip Country
32303 U.S.

Zip Country
32303 U.S.

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

6. Name and Address of Current Registered Agent

BAILEY, JASON
5274 FAMILY TREE DRIVE
TALLAHASSEE, FL 32303

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 *Jason Bailey* JASON BAILEY - PRESIDENT

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

TITLE P
NAME BAILEY, JASON ☐ Delete
STREET ADDRESS 5274 FAMILY TREE DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE V
NAME DIXON, LARRY E II ☒ Delete
STREET ADDRESS 2837 MCAUTHUR STREET
CITY-ST-ZIP TALLAHASSEE, FL 32310

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 300054202343
STREET ADDRESS 05/10/05--01034--010 **158.75
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
NAME
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 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: *Jason Bailey* JASON BAILEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-05 (850) 556-5550
Date Daytime Phone #