


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90015 010 ***158.75

DOCUMENT # P04000001597					
1. Entity Name CURT J. BAILEY, INC.					
Principal Place of Business 4881 SANS SOUCI AVE NORTH PORT FL 34287			Mailing Address 4881 SANS SOUCI AVE NORTH PORT FL 34287		
2. Principal Place of Business 4881 SANS SOUCI AVE Suite, Apt. #, etc.		3. Mailing Address 4881 SANS SOUCI AVE Suite, Apt. #, etc.		54063441	
City & State NORTHPORT FL Zip 34287 Country SARA		City & State NORTHPORT FL Zip 34287 Country SARA		4. FEI Number 300224032	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BAILEY, CURT J 4881 SANS SOUCI AVE NORTH PORT FL 34287			7. Name and Address of New Registered Agent Name: CURT J. BAILEY Street Address (P.O. Box Number is Not Acceptable): 4881 SANS SOUCI AVE City: NORTHPORT FL Zip Code: 34287		
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: <u>Curt J. Bailey</u> DATE: <u>8.20.04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State			S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAILEY, CURT J 4881 SANS SOUCI AVE NORTH PORT FL 34287	<input type="checkbox"/> Delete			
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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: <u>Curt J. Bailey</u>			8.20.04 # 445-0248		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		